# UCSF Fresnologowords

# 2025 Summer Biomedical Internship

# Program Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CART:** If you are a CART student please indicate: Yes

***Statement of Understanding:***

*If accepted into the program, I understand that:*

1. *I may not be absent for more than 3 days for the duration of the program (June 23 – August 6, 2025)*
2. *I must attend and complete all required training sessions (specific dates to be agreed upon)*
3. *I must attend and present at the Presentation of Projects on Wednesday, August 6, 2025*

Yes, I agree  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Questionnaire**

*Please answer the following questions. All answers to the questionnaire must fit on* ***one page, typed.***

1. Describe a class or a specific class experience that was particularly significant to you.
2. Which extra-curricular activities do you particularly enjoy and why?
3. If you could have coffee with anyone from history, who would that be and why?
4. What are your career goals?

**Application Instructions:**

* Questionnaire: please answer all questions on one page typed, 10-12 point font Arial or Times (for all 5 questions).
* Include one letter of recommendation from teacher or counselor on school letterhead.
* Include current high school transcript: including first semester grades from your junior year if available.
* Include one page CV or resume of your school/work experience and interests/skills. Search the internet for examples and feel free to get creative.
* Do not send awards, certificates or other information not requested, including SAT/PSAT scores.
* If emailing, please scan as one document, with the application as the first document. Label the document like the following (example: Robinson, Tiffany 2025 SBI)
* Submit a COMPLETE application packet at once. Incomplete or late applications WILL NOT be considered.

1. What do you hope to experience if you are selected for this program?

**Deadline for Applications**

### Friday, January 17, 2024, by 5:00 p.m.

#### \*\*Late or incomplete applications will not be accepted.

#### **Mail or deliver the application to:**

**Summer Biomedical Internship**

**Attn: Tiffany Robinson**

**UCSF Fresno**

**155 North Fresno St.**

**Fresno, CA 93701**

**Email applications to fresno-sbi@ucsf.edu**

**Questions? 559-499-6427**

**You will receive a confirmation within 72 hours of receipt of the application.**

**The UCSF-Fresno Summer Biomedical Internship Program is generously funded by support from private donors.**