



**References**

Please list one professional reference and one academic reference.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for a reference? \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

If other than honorable,  
explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_



### Statement of Affirmation

I hereby certify that I have provided accurate information on this application. I understand that the Summer Internship Award Selection Committee, in considering me for acceptance, will review my transcript and other supporting documents. I hereby understand that any false or misleading information on my application will result in either the disqualification of application or dismissal from the Summer Internship. I understand that if I am under 18 years of age, I will need to have my parent or legal guardian provide permission to participate in program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For this application to be considered complete it must include the following:

1. A two-page double-spaced personal statement.
2. Faculty and personal recommendations.
3. Current transcripts/report card with GPA clearly listed.
4. A signed application.

### Mail Application to:

Banner Sun Health Research Institute  
Summer Internship Program  
c/o Brian Browne  
10515 W. Santa Fe Drive  
Sun City, AZ 85351

### WISP Scholarship

*Women Inspiring Scientific Progress (WISP) provides awards up to \$2500 to support the costs for female interns to participate in our 2017 summer class. Please sign here if you would like to be considered.* \_\_\_\_\_

### Shutz-Christopher Memorial Award

*Shutz-Christopher Memorial Award - In an effort to encourage students from the Greater Kansas City area to enter the fields of science and Alzheimer's research, the Shutz-Christopher Memorial Award was created to benefit students from the Greater Kansas City area to participate in the Banner Research Summer Internship program, located in the Greater Phoenix area. The award provides the financial resources needed to support students who might not otherwise be able to participate in the program. Award amount is up to \$2,500. Please sign here if you would like to be considered.* \_\_\_\_\_



## **Faculty/Personal Recommendation Instructions**

You are being asked to write a recommendation for a student requesting admission into the Banner Research / ASU-Biodesign Summer Internship Program. We require you to assess the students' personal initiative, motivation and suitability for the internship. Please enclose the completed recommendation on your professional letterhead in a signed, sealed envelope and return it to the student to be included in the application package. Thank you.