

TO: Candidates for the Research Internship Summer Program

FROM: Dr. Jane F. Griffin  
Summer Intern Program Director

Thank you for your recent inquiry about participation in the **Research Internship Summer Program of the Hauptman-Woodward Medical Research Institute**. Enclosed is an application form. Applications must be received by February 15<sup>th</sup>, **2013**.

**Eligibility:** College or University Undergraduate, prefer rising juniors and seniors, exceptions can be made for rising sophomores.

**Required:** 1. Application (below); 2. Current official college transcript; 3. Letter of recommendation from one of your science professors; 4. Personal interview. The responsibility of scheduling an interview is yours. If you plan to be in Buffalo during January or spring break, please telephone or email to schedule the interview.

Our intern program is a real working experience. The program schedule is 8:30-4:30, 5 days a week, a minimum of 10 weeks. The stipend is \$350 per week. We do not provide extra funds for travel or housing during the 10 week program.

All applications will be reviewed by our scientific staff in the early spring. The number of apprentice appointments we will be able to make will be contingent on availability of funding and staff to design and supervise appropriate projects. Candidates who are chosen for participation in our program will be notified no later than the middle of April. If you have any questions, you may email me at [griffin@hwi.buffalo.edu](mailto:griffin@hwi.buffalo.edu) or phone me at 716-898-8618.



Jane F. Griffin, Ph.D.  
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# HAUPTMAN-WOODWARD MEDICAL RESEARCH INSTITUTE, INC.

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Formerly the Medical Foundation of Buffalo, Inc.

## RESEARCH APPRENTICE PROGRAM

**PERSONAL INFORMATION** Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

PRESENT ADDRESS: \_\_\_\_\_  
Street City State ZIP Code

PERMANENT ADDRESS: \_\_\_\_\_  
Street City State ZIP Code

TELEPHONE NO.: \_\_\_\_\_ AGE\*: \_\_\_\_\_ DATE OF BIRTH\*: \_\_\_\_\_  
**\*Please complete if 18 years of age or younger.**

EMAIL ADDRESS: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

CITIZEN OF USA:  Yes  No If No - Specify Type and Status of Visa: \_\_\_\_\_

STUDENT AT: \_\_\_\_\_ (Name of School)

TYPE OF APPOINTMENT:  Summer  Full-time  Part-time

ESTIMATED PERIOD OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EDUCATION	Name and Location of School	Years Attended	Date Graduated	Major/Minor/Subjects Studied/Degree Earned	GPA
High School					
University/College					

**FORMER EMPLOYERS:** LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST.

DATE MONTH AND YEAR	Name and Address of Employer	Salary	Position	Reason for Leaving
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

(APPLICATION CONTINUED ON OTHER SIDE)