

**2018 SUMMER SCIENCE INTERNSHIP PROGRAM FOR HIGH SCHOOL STUDENTS**

Co-sponsored by Thermo Fisher Scientific and the University of Illinois College of Medicine Rockford

**APPLICATION DEADLINE: MARCH 15, 2018**

Complete this form electronically or [print legibly](#).

Name \_\_\_\_\_

Home Address \_\_\_\_\_ ZIP Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Area code necessary print email address carefully

School Name \_\_\_\_\_

School Address \_\_\_\_\_ School Phone \_\_\_\_\_

Current Academic Year:  Junior  Senior  Other \_\_\_\_\_

Science Courses Taken	Final Grade	Science Courses Taken	Final Grade
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Math Courses Taken	Final Grade	Math Courses Taken	Final Grade
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_____	_____	_____	_____
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While your academic background is important, we would also like to know about other aspects of your life, both in school and out of school.

Memberships

Honors/Awards

Activities

Work Experience

You may use additional space to explain all courses, memberships, awards, etc.

**Items you must submit:**

1. You **MUST** submit a double-spaced **500-word essay** of what you hope to gain from this program and how it will influence your future.
2. Three (3) letters of recommendation **MUST** be received by the above deadline. ***Electronic recommendation letters are not allowed. They must be submitted with an original signature.***
3. You must be 16 years or older, by Illinois State law, to work in a research laboratory. The cut-off date is June 1, 2018, to participate in this program. By signing this, I acknowledge that my son or daughter is/will be 16 years of age by June 1, 2018.

I also give my consent for my minor son or daughter to participate in this program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

I verify and confirm the above-referenced scholastic record.

\_\_\_\_\_  
Principal / Science Department Chairperson

\_\_\_\_\_  
Date

**UIC HR Policy # 313**

Employment of relatives is permissible at the UIC Health Sciences Campus – Rockford, subject to compliance with University status, review of appointments and resolution of conflicts. Thus, if a current employee recommends their relative for employment, transfer, or promotion, a potential violation of Policy may occur. If you have a relative that is working within the UIC system, please list their name and department. This documentation is necessary to process your paperwork.

Name \_\_\_\_\_ Department \_\_\_\_\_

You can also find this form at <http://Rockford.medicine.uic.edu>

Please return the **application, resume** and **three (3) signed letters of recommendation** to:

**Janet Stull Snow**  
**University of Illinois College of Medicine Rockford**  
**Department of Biomedical Sciences**  
**1601 Parkview Avenue**  
**Rockford, IL 61107**  
**815-395-5680**

For information regarding the program contact Janet Stull Snow at:  
[jlss@uic.edu](mailto:jlss@uic.edu)