



Call for Applications

2017 Summer Research Internship Program

Department of Native Hawaiian Health

Application Process: Deadlines and Notification

All of the items must be emailed, postmarked or hand delivered to the Department of Native Hawaiian Health, Research Division on or before **Wednesday February 1st 2017 at 5 pm HST.**

For ease of processing, please submit electronic documents in pdf format or submit paper documents using paper clips, rather than staples, and do not use double-sided printing. A completed application will include the following:

- 2017 Summer Research Internship Program Application
- Current academic transcript(s) (unofficial accepted)
- Two (2) letters of recommendation (emailed or mailed directly from recommender), and
- A resume or CV.

Selected interns will begin to be notified on March 15, 2017, and this process will continue until all positions are filled. Students may be contacted by phone prior to this date if more information is required.

Students who are selected for participation in the SRI Program will be required to confirm acceptance by the decision deadline, April 15, 2017 or 1 week after notification (whichever comes later).

Additional Information

Please send completed applications to:

dnhsri@hawaii.edu

or

Department of Native Hawaiian Health, John A. Burns School of Medicine
Research Division
Attn: Summer Research Internship Program
677 Ala Moana Blvd., Suite 1016-B
Honolulu, HI 96813

Contact information:

Phone: (808) 692-1078

Fax: (808) 692-1292

Emai: dnhsri@hawaii.edu

**DEPARTMENT OF NATIVE HAWAIIAN HEALTH
2017 SUMMER RESEARCH PROGRAM APPLICATION FORM**



Personal Information

Name

Last*	First*	MI	Date of Birth

Physical Address

Street Address	City	State, Zip Code

Mailing (Permanent) Address

Street Address*	City*	State, Zip Code*

Email

Primary Email*	Secondary Email

Phone

Primary Phone*	Alternative Phone

Status for Fall 2017 (Fr., Soph., Jr., Sen., Grad.)

Major (if undeclared please note undeclared)

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Gender

- ₁ Male
 ₂ Female
 ₃ Non-binary

Race (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ₁ White or Caucasian American | <input type="checkbox"/> ₄ Latino or Hispanic | <input type="checkbox"/> ₇ Native American |
| <input type="checkbox"/> ₂ Black or African American | <input type="checkbox"/> ₅ Native Hawaiian | <input type="checkbox"/> ₈ Alaska Native |
| <input type="checkbox"/> ₃ Asian or Asian American (please specify)
_____ | <input type="checkbox"/> ₆ Other Pacific Islander (please specify)
_____ | <input type="checkbox"/> ₉ Other (please specify)
_____ |

Total Household Income

If your parents/caregivers are claiming you as a dependent on their tax return, please include their income in your response. If your parents/caregivers are no longer claiming you as a dependent, please answer based on solely your income or that of you and your spouse if you are married & filing jointly.

- ₁ < \$15,000
- ₂ \$15,000 – 24,999
- ₃ \$25,000 – 49,999
- ₄ \$50,000 – 74,999
- ₅ \$75,000 – 99,999
- ₆ ≥ \$100,000

Are you the first generation in your family to attend a 4-year college or university?

- Yes No Unsure

Ability Status

Which of the following best describes your current ability status? (Check all that apply)

- ₁ Abled (no disabled status applies)
- ₂ Disabled due to a physical condition(s)
- ₃ Disabled due to a psychological condition(s)
- ₄ Other (*Please specify*):

Education

SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE. Provide a transcript from each institution. List bachelor's degree(s) first; advanced degree(s) second, if any; and all other institutions of college/university level, regardless of the length of attendance.

College/University Graduate Other:

<input type="text"/>		<input type="text"/>	<input type="text"/>
Name*		City*	State*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree Program*	Major/Area of Study*	Minor	GPA*
<input type="text"/>	<input type="text"/>		<input type="text"/>
Matriculated (MM/YY)	Expected Grad (MM/YY)		Credits Earned*

College/University Graduate Other:

<input type="text"/>		<input type="text"/>	<input type="text"/>
Name*		City*	State*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree Program*	Major/Area of Study*	Minor	GPA*
<input type="text"/>	<input type="text"/>		<input type="text"/>
Matriculated (MM/YY)	Expected Grad (MM/YY)		Credits Earned*

Research/Training Experience

Please list your participation in all college level independent research projects.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Name*	City*	State/Country*
<input type="text"/>	<input type="text"/>	<input type="text"/>
School/Organization*	Started (MM/YY)*	Ended (MM/YY)*

Summary of Training Experience*

<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Name*	City*	State/Country*
<input type="text"/>	<input type="text"/>	<input type="text"/>
School/Organization*	Started (MM/YY)*	Ended (MM/YY)*

Summary of Training Experience*

Employment History

Please list your participation in any research or health related employment positions.

Paid

Volunteer

Co-Op

<input type="text"/>		<input type="text"/>	<input type="text"/>
Employer*		City*	Phone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor*	Position*	Started (MM/YY)*	Ended (MM/YY)*
<input type="text"/>			

Summary of Responsibilities

Paid

Volunteer

Co-Op

<input type="text"/>		<input type="text"/>	<input type="text"/>
Employer*		City*	Phone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor*	Position*	Started (MM/YY)*	Ended (MM/YY)*
<input type="text"/>			

Summary of Responsibilities

Personal Statement

Please include the following in your personal statement: personal and career goals and how this program will help in achieving them, the reason(s) for applying to the program, and what you expect to learn from the program. Please limit responses to 1 page.

References

Letters of recommendation must come directly from the two individuals listed below. Completed references should include a signed letter of recommendation on official institutional letterhead. Letters of recommendation are due by **February 1st 2017**.

<input type="text"/>		<input type="text"/>	
Full Name*		School/Affiliation*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Department	Position*	Relationship*	
<input type="text"/>		<input type="text"/>	
Full Name*		School/Affiliation*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Department	Position*	Relationship*	

Certify

I certify that the above information provided is correct.

Signature

Date

Applications for the 2017 DNHH Summer Research Internship Program are due by **February 1st 2017**. Applications post-marked after this date will not be considered.

The review process is completed in March 2017 and successful applicants are notified via email and USPS postal mail. Successful applicants will receive an information packet and supplemental forms which are due by the Decision Deadline, April 15, 2017.

For further information, contact:

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Research Division
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