

**McGowan Institute for Regenerative Medicine**  
**Wiegand Summer Internship**  
**APPLICATION**

**Part 1: General Information**

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

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

Name of Parent(s) or Guardian(s)	Highest level of education completed (circle one)	Parent(s) or Guardian(s) Occupation
	<div style="display: flex; justify-content: space-around; text-align: center;"> <span>12</span> <span>1 2 3 4</span> <span>5 6</span> </div> <div style="display: flex; justify-content: space-around; text-align: center; font-size: small;"> <span>High School</span> <span>College</span> <span>Beyond College</span> </div>	
	<div style="display: flex; justify-content: space-around; text-align: center;"> <span>12</span> <span>1 2 3 4</span> <span>5 6</span> </div> <div style="display: flex; justify-content: space-around; text-align: center; font-size: small;"> <span>High School</span> <span>College</span> <span>Beyond College</span> </div>	

Mailing Addresses of Parent(s) or Guardian(s):

Parent(s)/Guardian(s) Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_

Applicant's High School: \_\_\_\_\_

School District: \_\_\_\_\_ County: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

**Part 2: Academic Honors:**

Please list any academic honor or other scholarships that you have received:

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**Wiegand Summer Internship**  
Continued

**Part 3: Extracurricular Activities, Classes, Camps, and Related Activities (past four years)**

Activity	Grade				Leadership Position or Honors
	9	10	11	12	

**Part 4: Community Service, Volunteer Work (past four years):**

Type	Dates

**Part 5: Future Plans**

List up to three colleges to which you have applied or to which you plan to apply:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Check the boxes of the schools to which you have been accepted.

## Part 6: Short Essay

Answer the following question using no more than 200 words on a separate sheet of paper. We prefer that the essay be typed.

- *How will this internship help you?*

## Part 7: Other Information

You may use this space to provide any other information you believe the reviewers need to know. **Note:** It is not necessary to include any other financial information than the information that has been requested in this application.

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## Part 8: Verification

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guidance Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Packet Checklist:

- √ Application
- √ Essay
- √ Official Transcript
- √ Copy of SAT or ACT Scores
- √ Recommendation letters from your high school advisor and science teacher

**Applications must be postmarked on or before April 1, 2019 and sent to:**

Rebecca Bauroth

McGowan Institute for Regenerative Medicine

450 Technology Drive, Suite 300

Pittsburgh, PA 15219

Email: [baurothr@upmc.edu](mailto:baurothr@upmc.edu)