



## SUMMER STUDENT INTERNSHIP APPLICATION

**CONTACT INFORMATION:** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**EDUCATION:** I am currently enrolled in: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Graduate School

Name of Current School \_\_\_\_\_

Field of Study \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

**EXPERIENCE & INTERESTS:** Briefly describe your interest and/or experience in the field of injury care or injury prevention:

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What do you hope to achieve in this internship?

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**LETTER OF REFERENCE:**

Advisor/Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title/Affiliated School: \_\_\_\_\_

**PLEASE SUBMIT TO HIPRC BY MAIL OR EMAIL BY FEBRUARY 1, 2015:**

**MAIL:**      HIPRC SUMMER INTERNSHIP      **OR**      **EMAIL:**      hiprc@uw.edu  
325 NINTH AVE, BOX 359960  
SEATTLE, WA 98104

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