**Clinical Neurosciences Training Program Summer Internship Stipend Application**

**Deadline: Wednesday, December 15, 2021**

The Clinical Neurosciences Training Program (CNST) will award stipends to cover living expenses for up to 4 internships during summer 2021, on a competitive basis to Penn first year medical students that are participating in the CNST. In general, projects are expected to be performed on site at Penn; projects at other US or international locations must have a compelling justification and a Penn co-mentor. Proposals requiring in-person work should describe alternative plans in case of COVID19-related shutdowns. If you have any questions or would like guidance in choosing a project, please contact [Dr. Daniel Wolf](mailto:danwolf@pennmedicine.upenn.edu) or [Dr. Xilma Ortiz-González](mailto:ortizgonzalez@email.chop.edu) for further information. Applications from students from under-represented backgrounds are encouraged. Also, the members of our CNST [Student](mailto:https://www.med.upenn.edu/cnst/student-board.html) and [Faculty](mailto:https://www.med.upenn.edu/cnst/advisory-board.html) Advisory boards, and [previous awardees](https://www.med.upenn.edu/cnst/research.html), are available to offer guidance as needed.

Stipends are $2,400. In order to be eligible you cannot have additional sources of summer support.

Rotations must be at least 6 weeks in duration in a qualifying Clinical Neuroscience field.

Recipients will be required to provide brief written and oral presentations of their activities during the Fall semester following the summer rotation.

**Please provide:**

1. A brief description of the proposed project (1 page) including which activities you will perform and how you will be trained by the mentor and or other personnel.
2. A letter from the responsible mentor that describes your role in the proposed project and demonstrating their commitment to your training during the 6 week rotation.
3. Completed information on the form below.

**Project title:**

**Student**

Name:

Email:

Phone #:

Signature:

**Mentor**

Name:

Title:

Department:

Institution / organization:

Address:

Email:

Phone #:

Signature:

Please return this form and all documents by December 16, 2020 to:

Stace Moore  
Email: [stacem@pennmedicine.upenn.edu](mailto:stacem@pennmedicine.upenn.edu)