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

**Deadline: Wednesday, February 12, 2025**

The Clinical Neurosciences Training Program (CNST) will award stipends to cover living expenses for up to 5 internships during summer 2025, 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. 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 $4,000. 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, not including references) 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 proposed 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 the deadline on page 1 above, to:

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

He will reply with an email confirmation. If you do not receive this confirmation within 48 hours, please reach out to him again to ensure your application has been received.