

**202& Summer Research Internship Application**

**June \*<sup>th</sup> to August 1&<sup>th</sup> 202&**

Completed application must be sent to [SUPERS@penmedicine.upenn.edu](mailto:SUPERS@penmedicine.upenn.edu) before 5pm, 01&æ, February 4, 202G

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

College/University: \_\_\_\_\_ City & State: \_\_\_\_\_ GPA: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Do you have a U.S. Social Security Card? YES  NO  Citizenship if not U.S.: \_\_\_\_\_

Race and Ethnicity (*optional*) Check all that apply:  
 White  Black/African American  Asian  Hispanic/Latino  Native American  Native Hawaiian/Pacific Islander  Other: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you the recipient of a Pell Grant or other federally funded financial aid related to need? (*optional*) YES  NO

Do you have a disability, covered under the ADA, that makes you eligible for special services? (*optional*) YES  NO

**Research Interest**

Primary Area of Research Interest: Rank 1-4

- \_\_\_ Cell and molecular biology
- \_\_\_ Tumor physiology and therapy
- \_\_\_ Cancer-Imaging (CT, PET, MRI, XRay)
- \_\_\_ Radiation Physics/Medical Physics

How did you hear about the SUPERS program?

- \_\_\_ Family/friend
- \_\_\_ Professor or advisor
- \_\_\_ Web page \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

## Attachments to Submit

Submit files in word doc or PDF to [SUPERS@penmedicine.upenn.edu](mailto:SUPERS@penmedicine.upenn.edu) by the Feb. 4, 2022 due date.

1. Two recommendation letters from faculty members who have a firsthand understanding of your academic record and/or laboratory research experience. An email will be sent directly to the faculty listed below detailing how to submit their recommendation.

Faculty Name: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Faculty Name: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. An unofficial copy of your college transcripts should be submitted with the application (SUPERS reserves the right to request an official transcript prior to matriculation into the program).
3. Compose a one-page statement/essay describing your interest in a career in **radiation and/or cancer research**. Include relevant laboratory research, work and/or volunteer experiences that affected your interest in cancer research. Please also include your CV if you have one. Please list any experience/skills you have. Examples: bioinformatics, programming in MATLAB, R or python, biostatistics software, image processing, modeling, western blots, etc.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERS@PENN, Radiation Oncology, University of Pennsylvania School of Medicine,  
8-130 Smilow Center for Translational Research, 3400 Civic Center Blvd., Philadelphia PA 19104  
Office Phone: 215-898-0062; FAX: 215-898-0090

