

***The Robert Whitney Newcomb Memorial Scholarship/Internship Award  
To Gain Experience in an NIH Laboratory***

Attached is the application packet for the Robert Whitney Newcomb Memorial Scholarship/Internship Award. The National Institutes of Health will award up to two, \$2,500 summer scholarships, to selected **juniors** enrolled in a biotechnology program, or has shown an interest in science. A requirement of the scholarship is that students participate **in a consecutive six-week summer paid internship with the National Institute of Neurological Disorders and Stroke of NIH as a member of a research team and then continue their research by interning, without additional pay, the following school year. The selected applicant(s) will receive school credit for this participation.** The applicant (student) must complete the items listed below and submit the packet via email **to:**

Dr. Susan Wray, Chief, Cellular and Developmental Neurobiology Section NINDS, NIH at [wrays@ninds.nih.gov](mailto:wrays@ninds.nih.gov) by the ***Friday before, or of, April 15th.***

- ◆ Application Cover Sheet
- ◆ Resume
- ◆ A statement of the student's best quality and how it helps him/her and a statement on the quality the student feels needs most improvement and how that affects him/her
- ◆ Essay on the topic, ***“My personal interest in biomedical research and how I believe understanding the brain will impact our health in the future.”*** (500 words or less, typed)
- ◆ Parent/Guardian Permission Form
- ◆ Two letters of recommendation: one from a science teacher and the other of the student's choice (email or fax:301496-8578)
- ◆ “Unofficial” Transcript of Grades

If you have any questions or concerns, first contact your school internship coordinator and if necessary you can email Dr. Wray [wrays@ninds.nih.gov](mailto:wrays@ninds.nih.gov)

***Completed applications must be received by the Friday before, or of, April 15***

Students please note: The 6 week summer paid position is full time and usually begins shortly after school ends. The fellowship during the school year is for school credit and the student usually comes in 4 days/week with a schedule that allows them to be here 12:00ish to 3-4pm. Some flexibility is given if the student participates in an afterschool activity (sport, drama, etc) for a semester, but it is a large commitment of your time.

In accordance with relevant laws and regulations, the Montgomery County Public Schools prohibits discrimination on the basis of race, color, national origin, marital status, religion, sex, age, disability, or sexual orientation in employment or in any of its educational programs and activities. Make inquiries or complaints concerning discrimination to the Department of Human Relations, 850 Hungerford Dr., Room 211, Rockville, MD 20850: 301-279-3167; TDD 301-279-3323.

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*Application Cover Sheet*

*(Please print legibly or type)*

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

Social Security #: \_\_\_\_\_ School: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Counselor: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
*City* *State* *Zip*

E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen? *Check one* Yes No  
*Must be 16 years by 6/13/2016* If No, Alien Registration #: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_  
*Father* *Mother*

If selected to be an intern, it will be necessary for you to provide your own transportation to and from the NIH internship site. Will transportation pose a problem? *Check one* Yes No  
If yes, explain:

**This program is only available to students whose home school is either in the Downcounty Consortium, the Northeast Consortium, or Seneca Valley, Watkins Mill or Gaithersburg.**  
What is your home school? \_\_\_\_\_

Participation in the program requires regular daily attendance and a commitment for an uninterrupted six-week period of participation, plus an internship at NIH to continue the research the following school year. If accepted, are you prepared to meet these requirements?  
*Check one* Yes No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Effective Date: 4/20/2018*

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*Parent/Guardian Permission Form*

Applicant's Name: \_\_\_\_\_

I give permission to have my child participate in the Robert Whitney Newcomb Memorial Scholarship/Internship Award Program for six consecutive weeks during the summer of 2016. I understand that he or she must commit to an **uninterrupted six-week** period of participation. I also understand that my child will continue at the National Institutes of Health for a non-paid internship during school year 2017-2018. Transportation to and from the National Institutes of Health internship site is the responsibility of the participant.

I grant permission to the National Institutes of Health and Montgomery County Public Schools to use my child's photograph for reporting and publicizing activities connected with the Robert Whitney Newcomb Memorial Scholarship/Internship Award.

I authorize officials at the National Institutes of Health to administer first aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent/guardian can be contacted. (Rescue squad will be used in emergency situations).

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Personal Statements: (Please type answers in complete sentences;  
(may be completed on a separate sheet)

1) My best quality and how it helps me:

2) My quality that needs most improvement and how it affects me:

Essay (typed 500 words or less)

**My Personal Interest in Biomedical Research and How I Believe  
Understanding the Brain Will Impact our Health in the Future**

***The Robert Whitney Newcomb Memorial Scholarship/Internship Award  
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Science Teacher's Recommendation Form

The Robert Whitney Newcomb Memorial Internship Award Program is a demanding experience that places students in the National Institute of Neurological Disorders and Stroke of NIH research laboratories where they are accepted as interns. Students are expected to work independently as a team member of a science research project, meet deadlines and follow directions. Is this applicant worthy and prepared to accept the many and varied responsibilities of an intern at NIH?

Applicant's Name: \_\_\_\_\_

*Instructions:*

This form is to be completed by the science teacher of the applicant's choice. ***Please return the completed form by April 15, 2018*** to Susan Wray, Ph.D. Chief, Cellular and Developmental Neurobiology Section NINDS, NIH by email to [wrays@ninds.nih.gov](mailto:wrays@ninds.nih.gov)

Science Teacher's Name: \_\_\_\_\_

School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Course(s) in which the student is/was enrolled: \_\_\_\_\_

How long have you known the applicant and in what capacity?

Please rate the applicant by placing a check mark  in the appropriate column that best describes the student's performance.

<i>Categories</i>	<i>Average</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Extraordinary</i>
Leadership				
Teamwork				
Motivation				
Independence				
Reliability				
Potential for Growth				
Academic Achievement				

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Please indicate, in narrative form, why you endorse this student for the program. Highlight your knowledge of the individual's academic performance, laboratory and research skills, interpersonal skills, maturity, reliability and participation in extracurricular activities that attest to his/her qualifications for this award.

Science Teacher Letter or attach document

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

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*Course Completion Summary/ unofficial Transcript*

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

***Instructions:***

This form is to be completed by the applicant. Please return this form along with an ***“unofficial transcript”*** by ***Friday, April 15, 2018***, to Susan Wray, Ph.D.Chief, Cellular and Developmental Neurobiology Section NINDS, NIH by email to [wrays@ninds.nih.gov](mailto:wrays@ninds.nih.gov)

***The Robert Whitney Newcomb Memorial Scholarship/Internship Award  
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*Recommendation Form #2*

The Robert Whitney Newcomb Memorial Internship Award Program is a demanding experience that places students in the National Institute of Neurological Disorders and Stroke of NIH research laboratories where they are accepted as interns. Students are expected to work independently on science research projects, meet deadlines, follow directions, and contribute to laboratory meetings. Is this applicant worthy and prepared to accept the many and varied responsibilities of an intern at NIH?

Applicant's Name: \_\_\_\_\_

***Instructions:***

This form is to be completed by an individual of the applicant's choice. ***Please return by email to:***  
Susan Wray, Ph.D.  
Chief, Cellular and Developmental Neurobiology Section NINDS, NIH  
[wrays@ninds.nih.gov](mailto:wrays@ninds.nih.gov)

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

Relationship with Student \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you known the applicant and in what capacity?

Please rate the applicant by placing a check mark  in the appropriate column that best describes the student's performance.

<i>Categories</i>	<i>Average</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Extraordinary</i>
Leadership				
Teamwork				
Motivation				
Independence				
Reliability				
Potential for Growth				
Academic Achievement				

Please indicate, in narrative form, why you endorse this student for the program. Highlight your knowledge of the individual's academic performance, laboratory and research skills, interpersonal skills, maturity, reliability and participation in extracurricular activities that attest to his/her qualifications for this award.

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

*Effective Date: 4/20/2018*

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2nd letter or attach document