



## Internship Application

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

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

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

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

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1. Which Genetic Alliance internship opportunity are you applying for? *Please note that you are able to apply for one or more internship opportunities. Please indicate in your cover letter why you would be a good fit for the position(s).*

2. Check the box and write in the year for what session you are applying for:

- Winter/Spring | Year: \_\_\_\_\_
- Summer | Year: \_\_\_\_\_
- Fall/Winter | Year: \_\_\_\_\_

3. Do you have any external deadlines that require your application to be expedited?

4. Please provide approximate start and end dates for your internship.

5. What schedule do you intend to keep during the course of your internship? *Please include the days of the week you would be available, as well as the hours you would be available. Please note: Genetic Alliance's office hours are from 9 am – 6 pm M-F. Application to a full-time position requires that you be in the office from 9 am – 6 pm M-F.*

6. Are you seeking an internship to fulfill academic requirements? If so, please provide a detailed list of all program requirements and paperwork that must be submitted throughout the course of the internship.



7. Do you need any special accommodations while you are working at Genetic Alliance?

8. How did you learn of our internship program?

**Requirements for Consideration:**

**1. One (1) page letter of interest or cover letter** (strictly enforced)

Please share with us how working with Genetic Alliance will advance your professional and academic goals. In particular, describe what skills you offer, and those you wish to gain during your internship. Please also be sure to indicate which of the above internship opportunities you are interested in (you may list more than one).

**2. Resume**

**3. References/Letters of Recommendations:**

Two letters of recommendation from professors or previous employers. Applicants may send letters with the application materials or recommenders may send them separately. Letters of recommendation should be sent by email. If this poses a hardship, please contact the Internship Coordinator.

**4. 3-5 page writing sample**

Please tell us why you have chosen this writing sample to submit with your application. You may provide more than one writing sample if you feel it necessary. If you select a writing sample that is MORE than five pages, please only send us a 5-page excerpt of the paper. Please do not submit a sample that was the product of a group's work.

**5. If applicable, any forms relevant to fulfilling requirements for your school or external program**—this may include forms relevant for receiving funds or a grant to supplement the internship stipend or receiving academic credit.

**Submitting your application:**

Internship Applications are evaluated on a rolling basis.

*Suggested Deadline: Fall/Winter: Ongoing*

*Suggested Deadline: Winter/Spring November 14*

*Suggested Deadline: Summer: February 10*

**\*NOTE:** Due to the volume of applications we receive each year, only those applicants who are asked to interview will be contacted.

***Applications are only accepted by email, and should be submitted to:***

*internship@geneticalliance.org*