**Graduate Environmental Health Internship (GEH)**

**Application Instructions**

**Application Deadline is Wednesday, February 26, 2014**

**Required Application Materials:**

* Application form
* Current CV / resume
* Unofficial transcript or grade report from current graduate school studies (an official transcript is required on acceptance into the program)
* Demographic information form (optional)
* Two letters of recommendation (one must be from a current graduate school faculty member)
* **Essay 1:** Please describe your interest in the environment, health, and the intersection between the two. Describe personal experiences and how your graduate studies apply. (Typed, 1000 word suggested length. Please put your name on the top and in the file name)
* **Essay 2:** What makes you a strong candidate for this program? Please include academics, extracurricular activities, previous related jobs or internships, and travel experiences. (Typed, 1000 word suggested length. Please put your name on the top and in the file name)

**Submit all application materials via e-mail** **to** **GEH@cdc.gov****.**

**\*\*IMPORTANT\*\*: Include your email address in the subject line (with no other characters next to it other than a blank space) of all application materials submitted, including your letters of recommendation; this is your ‘unique identifier.’**

**Please remind your recommenders to also include your email address (with no other characters next to it other than a blank space) in the subject line when submitting their recommendation on your behalf.**

**2014 Timeline**

Application deadline: **Wednesday, February 26**

Program notifies applicant of selection: **Friday, March 28**

Selected applicant acceptance deadline: **Wednesday, April 2**

Internship: **Wednesday, June 11 to Friday, August 15**

For further information, please contact us

via email (GEH@cdc.gov)

or visit our Website (<http://www.cdc.gov/nceh/GEH>)

**Graduate Environmental Health Internship (GEH)**

**Application Form**

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

 (Last name) (First name) (Middle initial)

**Current mailing address:**

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Street Address or P.O. Box, Apartment #, campus address, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

City State Postal/Zip

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile Home

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

 Primary email address Secondary email address

**Date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizenship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Only U.S. citizens and permanent residents are eligible, please list green card # if US permanent resident): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** *(Please be sure to send your unofficial graduate transcript or grade report to support the information provided below.)*

**Institution Where Currently Enrolled:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Graduation Date:**\_\_\_\_\_\_\_\_\_\_\_

**Major/Concentration:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Degree:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall Graduate GPA:** \_\_\_\_\_\_\_\_\_ (3.0 minimum required)

**Undergraduate GPA**: \_\_\_\_\_\_\_\_\_\_

**Undergraduate Institution**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any courses that you feel have been helpful in preparing you for a summer experience in environmental health at CDC, including current courses:

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**References** (please list the names of the people preparing your letters of recommendation)**:**

1. **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization/Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization/Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**