



High School Afterschool Internship Program

Full Name: _____ D.O.B.: _____

Address: _____

Telephone: _____ E-mail: _____

School: _____ Year in school: _____

Father's full name: _____ Phone: _____

Mother's full name: _____ Phone: _____

Emergency contact person: _____

Do you have a lap top? YES or NO

If yes, what type? _____

Are you interested in programming? YES or NO

I authorize my child's attendance at the HWI Tuesday through Friday after school program in Structural Bioinformatics. I understand that the program runs after school until 5PM. I have also completed the medical consent form and understand it is in effect for the entire timeframe my child will be in the training program.

Training program start date: _____ End date: _____

X _____ X _____
Intern Signature Date Dr. Duax Signature Date

X _____
Parent Signature Date

How did you learn about the program? _____