



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

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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. 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. The training program runs from September 15, 2018 through June 15, 2019.

Training program start date: \_\_\_\_\_ End date: \_\_\_\_\_

X \_\_\_\_\_  
Intern Signature Date

X \_\_\_\_\_  
Dr. Duax Signature Date

X \_\_\_\_\_  
Parent Signature Date

How did you learn about the program? \_\_\_\_\_