



National Institute  
on Aging



## Participant Application

### 1. Basic Information

Personal information	
Name <i>Last, First, and Middle</i>	
Permanent Address	
Permanent Home Phone	
Date of Birth <small>(Applicants must be 17 years old by June 15, 2020)</small>	
E-mail	
Education	
Current High School	
Science Courses Taken	
Extracurricular Activities	
<b>Future</b> Career Choices	
<b>Future</b> College/University Choices	

## **2. Statement of Interest**

In the space below, please write a 250 word essay outlining why you are interested in attending S.A.I.L.S.

Your answer should answer the following questions:

Why are you interested in science? What does it mean to “do science”? What do you hope to learn at S.A.I.L.S?

### 3. Signature Page

I certify that the information submitted with this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I hereby give permission for \_\_\_\_\_ to submit this application and, if selected, to participate in the 2020 S.A.I.L.S Symposium.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



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**NIA Pre-Registration**  
August 3-5, 2020

Participation is limited to students who are age 17 as of 6/15/2020.

Please type

Student's Name <i>(last, first middle)</i>	
School attending:	
Age:	
Grade:	
Please list allergies:	
Special accommodations needed: (allergies, etc.)	
Parent/Guardian Name:	
Work #:	
Cell #:	
Home#:	

Parent/Guardian Signature: \_\_\_\_\_

For further information, please contact, Elise Krueger 667-205-2236 or [elise.krueger@nih.gov](mailto:elise.krueger@nih.gov)

Please return completed form by **Friday, May 15, 2020** to:



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## School Verification Form

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

Name of School: \_\_\_\_\_

I certify that the above named student is currently enrolled in a:

High School

Home Schooled

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

Name: \_\_\_\_\_  
Signature of School Official Title of School Official

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MUST HAVE A SCHOOL SEAL TO BE VALID**  
**Seal may be raised or stamped**

**\*\* Visit Your School Counselor's Office to Complete This Form \*\***



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**NIA IRP SUMMER INTERN SAFETY CONTRACT**

I, \_\_\_\_\_, do hereby agree to follow all safety rules and procedures given therein. I will conduct myself in a safe and conscientious manner in the laboratory. I will not perform any unauthorized lab procedure. I realize that I must obey these rules to insure my own safety, and that of NIA IRP employees. I will cooperate to the fullest extent with the Safety Office to maintain a safe science lab environment.

Student Signature: \_\_\_\_\_

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

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***If summer intern is younger than 18 years of age, this section must be completed.***

**PARENT/GUARDIAN CONTRACT**

I, \_\_\_\_\_, parent (or guardian) of  
\_\_\_\_\_, understand the importance of safety in the science laboratory and have discussed this with my child. I will instruct my son or daughter to uphold his or her agreement to follow these rules and procedures in the laboratory.

I also understand that students who attend SAILS are responsible not only for their own safety, but also for the safety of those working around them in the laboratory.

Parent/Guardian Signature: \_\_\_\_\_

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



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### AUTHORIZATION FOR TREATMENT OF A MINOR

National Institutes of  
Health (NIH)  
Bethesda, Maryland 20892

I hereby authorize the Occupational Medical Service at the National Institutes of Health to give \_\_\_\_\_ (name of son, daughter, legal dependent) with his or her consent a pre placement medical evaluation, provide any routine tests which are generally recognized as safe (e.g. tuberculosis skin test, blood analysis), any work-related immunizations which may be indicated and offer out-patient treatment of minor injuries. I understand that if my child has a serious condition or requires long-term treatment or hospitalization, I shall be notified so that arrangements may be made to refer him or her to our private physician or clinic for further care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian)

Printed Name: \_\_\_\_\_ (Parent or Legal Guardian)

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

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Minor's SSN (Last 4 digits only): \_\_\_\_\_



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## Emergency Contact Form

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

Who should we contact in case of an emergency?

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

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

City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ (home)

\_\_\_\_\_ (work)

\_\_\_\_\_ (cell)

In case of an emergency we will first contact the individual above. Is there anyone else you would like for us to contact?

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

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

City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ (home)

\_\_\_\_\_ (work)

\_\_\_\_\_ (cell)