**I-Trep Award APPLICATION FORM**

**2019-2020 SPECIALIZED INTERNSHIPS**

*Qualified applicants include faculty, postdocs, and graduate students from participating states*

*Submit completed application to* [*itrep@uvm.edu*](mailto:itrep@uvm.edu)*. Deadline: Until Filled.*

**APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION/TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTITUTION AND DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S MENTOR** (If student or postdoc): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligible Host**: Complete Section A OR B below.

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| Section A  Applicant Specified:  Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Section B  Preferred Assignment Host: Select one.   * biomedical small business or pharma * patent attorneys’ office * FDA regulation consultant business |

**1) A BRIEF BIOGRAPHY** (1/4 page max)

**2) DESCRIBE THE TRAINING OR EXPERIENCE THAT WILL BE AQUIRED THROUGH THE INTERNSHIP** (1/2 page max)

**3) DESCRIBE HOW THIS EXPERIENCE WILL MAKE YOU A BETTER BIOMEDICAL ENTREPRENEUR** (1/4 page max)

*Please save as PDF and email to itrep@uvm.edu*