2019 INTERNSHIP APPLICATION INSTRUCTIONS

Thanks for your interest in applying to the Gulf Coast Research Laboratory’s (GCRL) Internship Program. Please read the following application instructions carefully and fill in all of the information requested in the application form. Failure to provide all of the necessary information will result in your application being considered incomplete, and you will not be considered for an internship position. In an effort to reduce paper waste, please email all application materials. Below is a list of required materials:

1. Completed application form (follows).
2. Provide a statement of interest (maximum 2 pages).
3. Submit two letters of recommendation.
4. Current resume or CV.
5. Copy of your current transcript.

The above information should be submitted to: Samuel.clardy@usm.edu

The Application Deadline is February 22, 2019. For undergraduate internship positions, priority consideration will be given to those students that have attended the Gulf Coast Research Laboratory’s Summer Field Program. For more information on the Summer Field Program, please visit the following link: http://www.usm.edu/gcrl/summer_field/index.php. If you have any questions or if you need additional information, please contact Sam Clardy, Associate Director – Marine Education Center, at 228-818-8089 or email at samuel.clardy@usm.edu. For those without access to email, please send your application to:

Gulf Coast Research Laboratory
Attn: Sam Clardy
703 East Beach Drive
Ocean Springs, MS 39564
2019 INTERNSHIP APPLICATION
Application Deadline: February 22, 2019

Name ____________________________ (Last) ____________________________ (First) ____________________________ (Middle / Maiden) ____________________________ Date: ____________________________

Current Mailing Address ____________________________________________________________
(Street) ____________________________ (City) ____________________________ (County) ____________________________ (State) ____________________________ (Zip) ____________________________

Permanen Mailing Address ____________________________________________________________
(Street) ____________________________ (City) ____________________________ (County) ____________________________ (State) ____________________________ (Zip) ____________________________

Phones: ____________________________ ____________________________ E-mail Address ____________________________
(Cell, Area Code & Number) ____________________________ (Home, Area Code & Number) ____________________________

Male ☐ Female ☐ Birth Date ____________________________

Academic institution or high school where presently enrolled:
Institution ____________________________________________________________
City ____________________________________________________________ State _________ Zip ____________________________
Major Department (if applicable) ____________________________ Subject Area ____________________________________________________________

Current GPA ____________________________

Academic standing: Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐

HIGHEST ACADEMIC DEGREE COMPLETED:
Degree, date ____________________________ Major ____________________________ Institution ____________________________

INTERNSHIP TYPE (check all that apply): UNPAID ☐ PAID ☐ Other: ____________________________

AREAS OF RESEARCH INTEREST (check all that apply):
___ Fisheries ___ Ecology ___ Toxicology ___ Microbiology ___ Aquaculture
___ Marine Botany ___ Parasitology ___ Oceanography ___ Invertebrates ___ Marine Education
___ OTHER (please list): ____________________________

*WILL YOU BE A DORMITORY RESIDENT? Yes ☐ No ☐ Roommate: ____________________________
*Available to undergraduate students only.
LIST SCIENCE COURSES WHICH YOU WILL COMPLETE PRIOR TO THE SUMMER,
BUT WHICH ARE NOT PRESENTLY LISTED ON YOUR TRANSCRIPT

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EMERGENCY CONTACT INFORMATION: Parent, Legal Guardian or Spouse

Name________________________________________ Relationship______________________________
Address________________________________________ E-mail address __________________________
Telephone Home (___) __________________________ Work (___) __________________________
City________________________________________ State________ Zip __________

I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested and giving false information may make me ineligible. I agree that any records of my academic performance may be furnished to any high schools or institutions of higher learning that I have attended, unless I file a notice that they not be sent. I am eligible to return to the last college that I attended.

Date________________________ Applicant’s Signature________________________________________

Applicants under the age of 18 are required to have a parent or legal guardian sign below.

Date________________________ Parent or Legal Guardian Signature________________________________________