

## 2022 Entomology Summer Research Internship

**Where:** The Center for Biological Control is located within The College of Agriculture and Food Sciences in the Perry Paige Building.

**Candidate qualifications:** The internship is open to high school students in grades 10 -12 with an interest in science. Ideally applicants should have an interest in entomology or biology with an entomological emphasis.

**Intern duties:** The intern will work with several staff members in the Center for Biological Control and Entomology Department. Duties include the successful completion of a mini-research project and presentation of project results. Students will also have an opportunity to care for and handle insects housed in the department.

**Time frame:** July 24- July 29. Monday-Friday from 9-5:00.

**Compensation:** \$250 stipend

**To apply:** Complete application and send statement of interest and career goals, including how this internship would help you achieve such goals; latest high school transcripts; and names and contact information of at least two references.

Sabrina Hayes, Director  
Entomology Summer Research Internship  
Center for Biological Control  
College of Agriculture and Food Sciences

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All application materials must be received by the July 8, 2022 deadline. At that time the selection committee will begin reviewing candidates and will select and notify recipient by July 17th.

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

**Florida A&M University Entomology Summer Research Internship**

Grade: \_\_\_\_\_

**Participant**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_ Female \_\_ Non Binary \_\_ Prefer not to answer \_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 1, 2022) \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian**

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ . Other \_\_\_\_\_

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

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Medical Release Information**

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

**Medical Problem**

**Required Treatment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

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

**Florida A&M University Entomology Summer  
Research Internship**

Grade: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

**Photo Release**

I, \_\_\_\_\_ hereby grant and authorize Florida A&M University the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.

I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy.

I agree that I have been compensated for this use of my likeness or have otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of Florida A&M University and will not be returned.

I hereby hold harmless and release FloridaA&M University from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

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

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

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

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

**Florida A&M University Entomology Summer Research  
Internship**

Grade: \_\_\_\_\_

**Statement of Interest:**

Please provide a 250 to 750-word statement of interest explaining your interest in the Entomology Summer Research Internship. The statement of interest should include why you want to participate, career goals, and how this internship would help you achieve those goals.

\_\_\_\_\_

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

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

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

**References:** Please provide 2 references.

Reference 1:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Reference 2:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

**Please provide a copy of latest transcript to complete application.**