STEPS

Summer Internship Program

Return completed application and required materials to:

Albert Longoria
Idaho National Laboratory
P.O. Box 1625
Idaho Falls, ID 83415-3805

Questions should be directed to Albert Longoria (208) 526-4472 Alberto.Longoria@inl.gov or Isaac Simmons (208) 526-8490 Isaac.Simmons@inl.gov

DIVERSITY INTERNSHIP PROGRAM

Application Information

Summer Training and Employment Program for Students (STEPS) All students majoring in science, math, engineering, and other INL mission related technologies, in an effort to encourage students to complete their education goals.

Completed applications can be submitted at any time; however, selections are made prior to the end of spring semester

- Minimum length of the summer internship program is 8 weeks.
- Stipend for an undergraduate student is calculated at $2400 over the 8 weeks.
- U.S. Citizenship required
- 2.5 cumulative GPA required
- Selection is based on academic performance, career goals, recommendations, funding availability, and compatibility of educational interests and approved INL site access.

Application Requirements

- Complete an application
- Attach a copy of your current unofficial university or high school transcript
- Attach one letter of recommendation from an academic professor or your advisor

After selection is made, a security packet and other required forms will be sent to participants.

Students must receive INL site access approval before an internship can officially be awarded.

DIVERSITY INTERNSHIP PROGRAM

(STEPS) Summer Internship Application

You may attach a resume to the application

PERSONAL INFORMATION

Name:

_____

Last First Middle

Home Address:

_____ (_____)_____

Home Telephone

_____

_____ (_____)_____

City State Zip Additional Telephone

Email Address: _____ U.S. Citizen: YES _____ NO ____

EDUCATION INFORMATION

List in chronological order the colleges/universities attended or currently enrolled in or attending. Please indicate your major (or anticipated major). If you have not chosen a major, please include a field of interest.

College/University	Dates Attended	Major	GPA

If you will be completing high school just prior to the summer, please complete the following information:

Name of High School _____

Graduation Date _____ GPA _____ ACT/SAT Score _____

Name of College/University enrolled/applied for Fall Semester_____

Applicant must send an unofficial school transcript.

DIVERSITY INTERNSHIP PROGRAM

(STEPS) Summer Internship Application

PAST EMPLOYMENT

Employer	Dates	Position	Reason for leaving

Military Service (if any)

Branch: _____ Dates: _____

DIVERSITY INTERNSHIP PROGRAM
CERTIFICATION OF GOOD STANDING

Diversity Student Internships are awarded to enhance the educational experience of participants by providing the opportunity to participate in research or applied technology at a cooperating facility. The program encourages participants to continue their education.

UNDERGRADUATE STUDENT

(To be completed by College Dean or Office of the Registrar)

I certify that _____ is a student in good academic standing at
Applicant name

_____ majoring in _____
College or University

as of _____
Date

Dean or Registrar _____ Title _____

Phone _____ Date _____

The Privacy Waiver and Release

A number of informational documents will be generated as a result of your application. Among those documents may be application forms, letters of recommendation, education certification, transcripts of grades, facility endorsement, reports of graduate record examinations, security questionnaires, etc. The Department of Energy Organization Act (P.L. 95-91) and the Atomic Energy Act of 1954 as amended (P.L. 83-703) authorize the information requested.

The application and related documents are reviewed by the INL. The reviews are made to determine whether the applicant meets the selection criteria established for participation in the program. Security questionnaires and related documents are needed when security access authorizations are required by the INL.

Since the informational documents are essential to ensure a fair selection process, an applicant cannot be considered unless he or she provides the appropriate information.

A. Release of Personal Information

In accordance with the Privacy Act of 1974 (Public Law 93-579), the Family Educational Rights and Privacy Act (Public Law 93-380), the Energy Reorganization Act of 1974 (Public Law 93-438) and the Atomic Energy Act of 1954 as amended, Chapter 12, Control of Information, Section 145b, any of the following items or related attachments of personal information which are supplied by me, may be released to the U.S. Department of Energy (DOE), other Federal agencies, participating Federal, industrial, and educational entities, and cognizant review panels as needed by the INL Academic Center for Excellence, Inc. to facilitate its purposes as an administrator of education programs.

a. Application forms and related attachments
b. Letters of recommendation
c. Education Certifications
d. Transcripts of grades
e. Facility endorsements
f. Reports of Graduate Record Examinations or other test information
g. Personnel Security Questionnaires and attachments
h. Summaries of research and program evaluations

Print Name: _____ Signature: _____

Date: _____

*Note: This "Release of Personal Information" must be signed and returned with your application for consideration before an award can be given.

B. Use of other Participant Information

To promote, evaluate, or otherwise describe this award, I give permission to the INL, DOE and their agents, to use any program-related photographs in which I appear and to use and cite any evaluative or judgmental comments, oral or written, attributable to me which I may make about the program.

Signature: _____ Date: _____

***Note: Consideration for an award is not contingent upon your consent to this "Use of Other Participant Information"**

P.O. Box 1625
Idaho Falls, ID 83415-3805

Idaho National Laboratory

CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION

Name_____ Birth Date_____ ☐ Male ☐ Female

Street Address_____

City_____ State_____ Zip_____

Home telephone _____ Social Security Number_____

Date of last tetanus shot_____

Drug allergies_____
_____

Physician's name_____ Physician's phone_____

Medical conditions or previous surgery_____
_____

Regular medications_____
_____

Special dietary requirements (include food allergies)_____
_____

Special physical needs_____
_____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name_____ Relationship_____
Address of Contact_____ Work or home phone_____

EACH PARTICIPANT IS REQUIRED TO HAVE COVERAGE UNDER A HEALTH INSURANCE PLAN. IT IS THE RESPONSIBILITY OF THE PARTICIPANT TO HAVE HIS/HER OWN INSURANCE COVERAGE BEFORE ARRIVING TO THE SITE.

Medical/Hospital
Insurance Carrier_____ Policy #_____