

THINK Medical Student Summer Intern Application

Thank you for your interest in the THINK internship program! We are excited to read your responses. Please answer all the questions to your best ability. The application is due _____. Good luck!

* Required

1. Name *

First and last name

2. Email *

3. Phone number *

4. Are you vaccinated with the COVID vaccine? Please provide a picture of your vaccinated card. *

Files submitted:

5. Are you willing to take a background check? *

Check all that apply.

Yes

No

Skip to question 6

Each response must be 500 words or less

Essay Questions

6. Why do you want to be an intern at THINK? *

7. Describe what you think the intern experience at THINK will be like. *

8. What is your greatest personality asset working with patients and caregivers? *

9. What type of intern position are you interested in and why? (Direct-patient contact, indirect-patient contact, or both options) *

10. What are your core values/virtues, and how are they related to your involvement at THINK? *

11. Pick a research topic in the field of neurology and explain why that topic is interesting to you *

12. What experience has influenced your outlook on the healthcare field the most during your undergrad or graduate career? *

13. Please attach your resume. Please label your application "Last Name, First Name." *

Files submitted:

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