

**Southwest Tribal Native American Research Center for Health (NARCH)  
2018 Summer Internship – Application Form**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Male  Female  Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

University/College/Department: \_\_\_\_\_

Specify health-related degree program and credit hours completed: \_\_\_\_\_

Credit hours remaining: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If selected, do you give us permission to use your name, tribal affiliation, degree information, and university name in our public relations materials, such as press releases and program brochures? Your response will not affect your eligibility.*

Yes  No

*If selected, you will be contacted by NARCH staff via telephone and email. If this does not work for you, please email [rkie@aaihb.org](mailto:rkie@aaihb.org). NOTE: The Southwest Tribal NARCH is not responsible for housing or transportation between home/work during the internship.*

**APPLICATION MATERIALS**

The student is responsible for ensuring that **all** documents reach the NARCH Program by the deadline.

- Copy of tribal ID or proof of tribal enrollment
- Copy of transcript(s) (unofficial student transcripts accepted)
- Copy of class schedule (student identifier must be referenced on document)
- Resume/Curriculum Vitae
- Two (2) current letters of recommendation
- Statement of interest (250-word maximum):
  - Provide a brief description of your academic interests to include health-related research.
  - Highlight your experience(s) in working to improve the health of American Indians or other underserved populations.
  - Explain how this position will help you pursue your goals in the health-related research field.
  - Indicate if this internship will be applied toward a course requirement (practicum or field experience). Please provide course description and other supporting documentation.

*I certify to the best of my knowledge and belief that all of my statements are true, correct, complete, and made in good faith.*

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

**Mail with complete application materials by April 25, 2018**

Complete applications will be accepted if post-marked 04/25/2018 or emailed by 5:00pm MDT April 25, 2018

Albuquerque Area Indian Health Board, Inc.  
Attn: Rita Kie, Southwest Tribal NARCH Program Manager  
5015 Prospect Avenue NE, Albuquerque, New Mexico 87110  
Questions?? – Contact Rita Kie, email at [rkie@aaihb.org](mailto:rkie@aaihb.org) or Delrae Peterson [dpeterson@aaihb.org](mailto:dpeterson@aaihb.org)  
Phone: (505) 764-0036