



BRIGHAM AND  
WOMEN'S HOSPITAL

## *Women's Sports Medicine Summer Internship Application*

*Please keep your answers short and concise.*

Name:

Date of Birth:

Home Address:

Telephone:

Email address:

Name of medical university where you are currently enrolled:

Expected year of graduation:

How did you learn about our internship?

Do you have any prior related research/shadowing experience? If yes, please describe.

In one paragraph, please tell us the reason(s) you are interested in applying for our summer internship program.

Please list the name of the person providing your letter of recommendation:

*Please submit all materials via email to Natalie Lowenstein, [nlowenstein@bwh.harvard.edu](mailto:nlowenstein@bwh.harvard.edu).*

*Please call (617) 525-8500 with any questions.*