

HARVARD STEM CELL INSTITUTE INTERNSHIP PROGRAM  
REQUIRED INFORMATION

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1. **Name and permanent (home) address:** (Name should be *exactly* as it appears on your passport or driver's license)

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State, postal code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_

2. **Summer address:**

I plan to live \_\_\_ on-campus **OR** \_\_\_ off-campus OR \_\_\_ off-campus with family  
Street address (if known): \_\_\_\_\_  
City, State, postal code: \_\_\_\_\_

3. **W-9 and W-8BEN:** US citizens and permanent residents should complete the W-9. International residents should complete Part I of the W-8BEN. **Do you have a Social Security number (SSN)?:** \_\_\_ Yes \_\_\_ No

*International interns will also receive an email from [GLACIER](#), on online tax system, requesting additional information.*

*All non-resident aliens must visit the Harvard Accounts Payable Office at 1033 Massachusetts Ave., 2<sup>nd</sup> floor, Cambridge, to be classified for tax purposes as soon as possible after arriving at Harvard. If you do not have a US Social Security number, a temporary one will be requested for you, and you are encouraged to apply for a permanent number. You must also check in with the Harvard International Office upon arrival (8<sup>th</sup> floor, Smith Campus Center, 1350 Massachusetts Ave., Cambridge). Be sure to bring your passport and visa documents, including the I-94 you will receive at customs and immigration.*

4. **Date of birth (mm/dd/yyyy):** \_\_\_\_\_

5. **Current Harvard students only:**

Harvard ID number: \_\_\_\_\_

*n.b. If you received another award from Harvard, your HIP stipend will be reduced so that your overall summer stipend will be \$4,500.00.*

6. **Emergency contact:**

Name of contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

7. **Health Insurance:**

Name of health insurance provider: \_\_\_\_\_

Insurance plan number: \_\_\_\_\_

*Please provide us a photocopy of the insurance card. International interns should visit the Harvard International Office page on [health care for Scholars](#), which has information on insurance plans outside of Harvard.*

8. **Athletics Pass:** I would like to receive a summer athletics pass (no fee) \_\_\_ YES, please! \_\_\_ NO, thank you!

**Please be certain to give us your name as it appears on your ID or passport. Use of nicknames or Westernized versions of your name will severely impact your ability to receive a Harvard ID in a timely manner.**