

ARIP-AI Application Request Form

Advanced Research Internship Program

Artificial Intelligence

1. STUDENT INFORMATION

1. Name (as it appears on passport)		Last/Surname	First	Middle
2. Date of Birth	(MM/DD/YYYY)	4. Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Nationality		5. US Citizen [<input type="checkbox"/>] US Perm. Resident [<input type="checkbox"/>] Int'l Student [<input type="checkbox"/>] – Visa () or N/A [<input type="checkbox"/>]		
6. Permanent Address Address: _____ City: _____ State/Province: _____ Zip _____ Country _____				
7. Contact Numbers	Daytime: Student Cell:	Student Email:		

2. SCHOOL INFORMATION

HS or College Name:
City, State, Zip code:
Current Grade(circle): 9th / 10 th / 11 th / 12 th / College (1 st / 2 nd / 3 rd / 4 th / 5 th / 6 th year)

3. PARENTS INFORMATION (Complete Information is Required)

(Any missing information will be returned to be filled out)

Parent Contact Information		(Relationship, please select one) Father / Mother / Guardian		
Name	Last/Surname	First	Middle	
Address				
Contact	Cell)	Email:		

4. 2021 ARIP-AI Sessions

Please refer to the following ARIP-AI Internship Programs and please **select** your program(s) in order below:

[] **ARIP-AI I (July 5, 2021 - July 16, 2021)**

Programs: [] Economics [] Health Sciences [] Mathematics [] Physics

[] **ARIP-AI II (July 19, 2021 - July 30, 2021)**

Programs: [] Healthcare [] Autonomous Vehicles [] Law and Politics [] AI-Finance

[NOTICE] ** *Please note that the above selection may be adjusted due to limited seats and/or demand without notice. Please make sure to apply for your preferred program in a timely matter to confirm your seat without delay.*

I would like to apply for 2021 ARIP-AI program and please send me the Application Form and I understand that the ARIP-AI Program is now accepted for live online internship program on a rolling basis until seats fill in and each program session starts. I agree that all forms and information materials that I will receive shall be kept confidential and I shall not circulate it other than my own application purposes. The reproduction of any materials that I receive is prohibited and I shall abide by the agreed terms and conditions on ARIP-AI Application Forms that I will receive after this Application request Form.

Sincerely,

Signature) _____

Parent Name: _____

Dear Applicant,

Please submit the above ARIP-AI Application Request Form after filling it out, and any missing information will be returned to be filled out to receive the complete ARIP-AI Application Forms.

Please submit the above ARIP-AI Application Request Form to contact@agminstitute.org or by fax at 1-571-765-7845. Please call us if you sent a fax to reconfirm the receipt of the ARIP-AI request form.

Thank you for your cooperation!

Attn.: ARIP-AI Department
AGM Institute, LLC
3251 Old Lee Hwy., Suite 514
Fairfax, VA 22030
E-mail: contact@agminstitute.org
Phone) 1-571-765-7839 Fax) 1-571-765-7845