



2012 Summer Student Internship Program
June 4, 2012 – July 12, 2012
Application Deadline: March 23, 2012

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
(Please Print)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Attending: \_\_\_\_\_

Select One:

- High School Graduating Senior: \_\_\_\_\_ GPA \_\_\_\_\_
College: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ GPA \_\_\_\_\_
Other: \_\_\_\_\_ GPA \_\_\_\_\_

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How did you hear about the Summer Internship Program? \_\_\_\_\_

Do you have family employed at Presbyterian Healthcare Services? If so, please list name of employee and relationship to the employee: \_\_\_\_\_

Have you ever job shadowed, volunteered or worked at Presbyterian Healthcare Services? \_\_\_\_\_

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Please submit the following:

- (1) Application
(2) Two (2) Letters of Recommendation (In addition to the references listed below)
(3) A Letter of Interest: In 300 words or less, tell us why you are interested in participating in the Summer Internship Program.
(4) Written Objectives: if selected what are your objectives for the internship?
(5) Verification of current 3.0 cumulative GPA (Official Transcript required)
(6) Resume
(7) A parent/guardian signature (required if you are under the age of 18)

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References:

(1)Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(2)Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

