

**Lowcountry Area Health Education Center
Health Careers Program
Summer Enrichment Program 2009
(Summer Internship or Institute Programs)**

Summer Institute Dates (Lander University): June 9-12 2009

Summer Internship Dates: June 15, 2009- July 17, 2009

Eligibility: Applicants must:

- a) Be in good standing with a Lowcountry AHEC high school (grades 9-12) or AHEC regional college;
- b) Demonstrate a sincere interest in a specified health care field.
- c) **Understand that internship sites will ALL be in the Lowcountry region. The Lowcountry region consists of these counties: Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, and Orangeburg. Please indicate the county and city below that you would like to be placed. Understand that this does not guarantee placement in the county and city requested.**
County Preference _____ City of that County - _____
- d) Understand that internship slots will be offered to college students first, then the remaining slots will be disseminated according to participation in Lowcountry AHEC's year-long Health Careers Program (HCP) for high school students.
- e) Inform parents or parties involved of possible acceptance.
- f) **The applicant must provide transportation to internships.** I will be able to provide transportation to the summer internship. YES _____ NO _____

Please Answer the Following Questions.

- a) Are you currently in high school or college? IF High School: Grade _____ IF College Year _____
- b) Are you applying to the Summer Institute (for high school students) _____, the summer internship program _____ or both _____ Select the appropriate choice.
- c) Are you considering a summer school course? YES _____ NO _____ Possibly _____
- d) Summer Institute students (high school students) will receive t-shirts. Please indicate a size in the blank. _____
- e) If you are a college student, do you agree to serve as a mentor for a high school student in the 2009-2010 school year? YES _____ NO _____
- f) Does Lowcountry AHEC have permission to use photographs taken of you for its website, brochures, or other publications? YES _____ NO _____

Directions:

- APPLICATIONS MUST BE TYPED OR PRINTED IN INK.
- There is a **non-refundable \$25 application fee** that must accompany the application.
- **DEADLINE:** ALL applications must be received by **March 27, 2009.**
- **TRANSCRIPTS** – Please attach a copy of your official high school and/or college transcripts from all secondary/undergraduate schools you have attended.
- **LETTERS OF RECOMMENDATION** – Request a teacher/counselor/clergyman **and** one other adult who is familiar with your academic work and are NOT family members to submit a letter of recommendation, using the enclosed recommendation sheets. You need a **total of 2 letters.**
- **COMPLETE ALL SECTIONS OF APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

A. GENERAL INFORMATION

1. Name _____
Last First Middle
2. Home Address _____

(Street & No. City State Zip County)
3. Age _____ Date of Birth ____/____/____ Place of Birth _____
Mo./Day/Yr. City/County State
4. Sex: Male _____ Female _____ Social Security No. _____ - _____ - _____
5. Home Telephone (____) _____ Cell Telephone (____) _____
Area Code Area Code
Dorm room telephone (____) _____ e-mail address - _____
- Check One:** ___ African American ___ White ___ American Indian ___ Asian
___ Hispanic ___ Latino ___ Native Hawaiian ___ Pacific Islander
___ Alaska Native ___ Other
6. School Name _____
7. Last day of Class for 2008-2009 School Year _____
8. In the Fall 2009, I will be a high school or college:
___ Freshman ___ Sophomore ___ Junior ___ Senior
9. My career goal (List top 3 professions) _____
10. Are you applying for any other summer employment/program or summer school?
___ Yes ___ No If yes, give the name(s) _____

B. FAMILY

1. Number of immediate family members currently living in the household (**INCLUDING SELF**).
___ Brothers ___ Sisters ___ Parents/Guardians ___ TOTAL (INCLUDE SELF)

C. EDUCATION

1. List all educational institutions (most recent first) you have attended:

<u>Name of School</u>	<u>Location</u>	<u>Graduation Date</u>	<u>Degree Earned</u>
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2. List any honors/distinctions received for scholastic achievements:

_____	_____
_____	_____
_____	_____

3. List any extracurricular and/or community service activities (EXCLUDING jobs held during your high school/college years). Please INCLUDE any Lowcountry AHEC activities.

_____	_____
_____	_____
_____	_____

D. WORK EXPERIENCE

Please list any jobs (including summer employment) you have held in the past two years.

<u>Job</u>	<u>Employer</u>	<u>Date of Employment</u>	<u>Hrs./week</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. ESSAY

Using a separate sheet of paper, type a brief essay (200-300 words) using the following.

1. Describe your plans to become a practicing healthcare professional.
2. How do you plan to impact the quality of healthcare in South Carolina?

Signature of Applicant

Date

Lowcountry AHEC Health Careers Program Coordinator
Kimbley Stephens (stephensk@lcahec.com) or Natasha Chatman (chatmann@lcahec.com)
Lowcountry AHEC
302 Medical Park Drive
Suite 110
Walterboro, SC 29488
(843) 782-5052 (office)
(843)782-5053 (fax)

You can photocopy this form.

South Carolina AHEC Health Careers Program (HCP) Summer Internship

LETTER OF RECOMMENDATION

Applicant's Name: _____ Social Security #: _____

In the space provided please discuss why you would recommend the above applicant as a participant in the SC AHEC Health Careers Program Summer Internship Program. In your evaluation, we would like you to consider the following qualifications. Academic achievements, leadership skills, relationships with instructors and peers, and any other outstanding qualities (or strengths or weaknesses), which you would like to comment. Also, please complete the evaluation form below.

Evaluation Form

	Outstanding	Good	Satisfactory	Fair	Poor	No opportunity to observe
Class Effort						
Comprehension						
Accuracy/Attention to Detail						
Attendance						
Communications Ability						
Cooperation						
Social Skills						
Leadership						
Intellectual Independence						

Name (Please Print) _____ Title _____

School _____

PLEASE FORWARD, POSTMARKED OR FAX DATED BY March 27, 2009 TO:
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