

HIGH SCHOOL SUMMER INTERNSHIP PROGRAM APPLICATION



Southern Illinois Healthcare

Attn: Employment Manager
1239 E. Main St, University Mall
Carbondale, IL 62901
(618)457-5200 ext. 67802

The information listed below will be used by the SIH Summer Internship Committee and is strictly confidential. Attach additional sheets if necessary. Please type or print clearly.

Applicant Information:

Name: _____
Last First Middle

Address: _____

City/State/Zip: _____ Social Security #: _____

Telephone: _____ Secondary Phone: _____

E-mail address: _____

High School Name: _____

Year in school (entering for next school year): Junior Senior Graduated Senior

Parent/Legal Guardian Information:

Name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Area of Interest for Summer Internship:

____ Laboratory ____ Nursing ____ Radiology ____ Physical or Occupational Therapy

____ Respiratory Therapy ____ Pharmacy ____ Health Information (Medical Records)

____ Other (write in other area of preference if not listed above)

****Students interested in becoming a physician should mark the "Nursing" Area.**

*****If interested in more than one area, please rank your first and second choice.**

State your reasons for being interested in the SIH Summer Internship Program. Discuss any health related projects you have been involved with:

List any extracurricular activities and/or scholastic honors:

List any previous/current work experience, including job shadowing experience:

Tell us how you learned about the SIH Summer Internship Program:

Please attach two recommendation letters from teachers, administrators or healthcare professionals along with a resume and a copy of your high school transcript. This must be submitted together to complete your application.

Student Signature/Date

Parent or Legal Guardian Signature/Date

****Annual Application deadline is May 1st**
Please submit to address listed at the top of the application.**