

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

**Eligibility:** Applicants must:

- a) be fully accepted in good standing by an accredited institution, or a high school by 12/2003;
- b) demonstrate a sincere interest in completing all requirements associated with a career in medicine, nursing, or allied health.
- c) Understand that if they are applying for an internship, they will be placed in the Lowcountry region. The Lowcountry region consists of these counties: Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, and Orangeburg.
- d) Inform parents or parties involved of possible acceptance. Transportation to internships must be provided by the applicant. Inform the program coordinator if transportation is an issue.
- e) Are you currently in high school \_\_\_ or college \_\_\_ (check one)
- f) Are you applying to our Summer Internship Program \_\_ Summer Institute @ USC \_\_ or both \_\_\_

**Directions:**

- Applications must be typed or printed in black ink.
- **Deadline:** Application must be postmarked no later than March 10, 2004.
- **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. All letters of recommendation must be sent by those persons.
- **COMPLETE ALL SECTIONS ON 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

**Check One:** \_\_\_ Black \_\_\_ White \_\_\_ American Indian \_\_\_ Asian \_\_\_ Other  
\_\_\_ Economically/Environmentally Disadvantaged

6. Last day of Class for 2003-2004 School Year \_\_\_\_\_

7. College Student's School Address \_\_\_\_\_  
Street & No. City State Zip County

8. Have you taken the:

SAT?	Yes	No	Score	Date
ACT?	Yes	No	Score	Date
GRE?	Yes	No	Score	Date
GMAT?	Yes	No	Score	Date
MCAT?	Yes	No	Score	Date
DAT?	Yes	No	Score	Date

9. In the Fall 2004, I will be a:

College/University

\_\_\_\_ Freshman      \_\_\_\_ Sophomore      \_\_\_\_ Junior      \_\_\_\_ Senior

Technical College

Graduate/Medical/Dental School

\_\_\_\_ 1<sup>st</sup> yr. Student    \_\_\_\_ 2<sup>nd</sup> yr. Student      \_\_\_\_ 1<sup>st</sup> yr.    \_\_\_\_ 2<sup>nd</sup> yr.    \_\_\_\_ 3<sup>rd</sup> yr.    \_\_\_\_ 4<sup>th</sup> yr.

10. Name and address of college you will attend in Fall, 2004.

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11. My major area of study is \_\_\_\_\_

12. My career goal is \_\_\_\_\_

13. Expected year of graduation from college: \_\_\_\_\_

14. Are you applying for any other summer employment/program or summer school?

\_\_\_\_ Yes    \_\_\_\_ No    If yes, give the name(s) \_\_\_\_\_

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**B. FAMILY**

1. Number of immediate family members currently living in the household (INCLUDING SELF).

\_\_\_\_ Brothers    \_\_\_\_ Sisters    \_\_\_\_ Parents/Guardians    \_\_\_\_ TOTAL (INCLUDE SELF)



**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 (500 words or less) using the following topic as a theme:

*“As you prepare for your career in health, how will your participation in the 2001 SEARCH Summer Internship Program assist in the achievement of your goal?”*

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Signature of Applicant

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Date

Angelica Williams  
Student Development & Diversity Coordinator, Greenville AHEC  
Greenville Hospital System  
Greenville, SC 29605  
(864) 455-6120

# Greenville AHEC SEARCH Summer Internship Program

## 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 Greenville AHEC SEARCH 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.

	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 MARCH 1, 2001**

Tavy Smalls  
Lowcountry AHEC Health Careers Program Coordinator  
302 Medical Park Drive  
Walterboro, SC 29488

For further information call (843) 782-5052  
FAX (843) 782-5053