

South Carolina AHEC Association of Future Health Professionals Lowcountry Summer Enrichment Program

Eligibility: Applicants must:

- a) Be in good standing with a Lowcountry AHEC high school (grades 8-12) or AHEC regional college;
- b) Demonstrate a sincere interest in a specified health care field.
- 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. Please circle the county that you would like to be placed. Also, print the city within the county that you would like to be placed. Understand that this does not guarantee placement in the county and city requested, but efforts will be made to make this a possibility for placement. City - _____
- d) Internship slots will be offered to college students first, then the remaining slots will be disseminated according to participation in the year-long program.
- e) Inform parents or parties involved of possible acceptance. The applicant must provide transportation to internships. Inform the program coordinator if transportation is an issue.
- f) Are you currently in high school or college? Circle one.
- g) Are you applying to the Summer Institute at Furman University (for high school students), the summer internship program, or both? Circle one.
- h) Are you considering a summer school course? Yes _____ No _____ Possibly _____
- i) Summer Institute students will receive t-shirts. Please indicate a size in the blank. _____
- j) 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 \$10 application fee that must accompany the application.
- **Deadline:** Application must be postmarked or fax dated no later than April 7, 2006. If you are apart of a group that meets monthly, you may bring your application to that meeting.
- **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. The individual must send all letters of recommendation directly to Lowcountry AHEC. You need a total of 2 letters.
- **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

Dorm room telephone () _____

Check One: ___ Afr. Am. ___ White ___ American Indian ___ Asian
 ___ Hispanic ___ Latino ___ Native Hawaiian ___ Pac. Islander
 ___ Alaska Native ___ Other

6. Last day of Class for 2005-2006 School Year _____

7. School Name _____

8. In the Fall 2006, I will be a high school:

___ Freshman ___ Sophomore ___ Junior ___ Senior

9. My academic area of interest (List top 3) _____

10. My career goal is (list alternates if applicable) _____

11. 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 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 topic as a theme:

“What can I do to make a difference in the health care system of South Carolina?”

Signature of Applicant

Date

Tavy Smalls
Health Careers Program Coordinator, Lowcountry AHEC
302 Medical Park Drive
Walterboro, SC 29488
(843) 782-5052 (office)
(843) 437-5023 (cell)

You can photocopy this form.

South Carolina AHEC Association of Future Health Professionals Lowcountry 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 SC AHEC Association of Future Health Professionals 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 _____

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