

Summer Health Internship Program July 6 – August 12, 2010

Criteria for Participation:

- Student must be entering their Junior or Senior year of high school or Freshman or Sophomore year of College in Fall of 2010
- Student must be between 16-22 years of age at start of program
- Student must attend school and/or live in Manhattan or Staten Island
- Student must be interested in a career in the health field
- Student must complete two recommendation forms by non-relatives

SHIP

July 6 - August 12, 2010

The Manhattan-Staten Island Area Health Education Center (MSI-AHEC) Summer Health Internship Program (SHIP) is an intensive, six-week opportunity for high school and college students. This program exposes students to a variety of careers in the health fields as well as to health issues affecting their communities. The SHIP allows participants to interact regularly with health care professionals. Students who successfully complete the MSI AHEC SHIP will emerge with newfound connections, job readiness skills, and insight into the world of health care.

In 2010, a limited number of students will be admitted into the SHIP. The program will run from July 6th through August 12th and during this time participants will be expected to work at their designated sites for five hours each day. In addition, there will be mandatory didactic sessions every Thursday. These sessions will encompass a full day and will include lectures, field trips, and other health related activities. On the final day of the program, students will be required to attend and present their final projects at the completion ceremony.

IMPORTANT REMINDERS:

The 2010 Application Deadline is April 1st.

Applications must be postmarked by this date.

Only complete applications will be reviewed.

Interviews will begin April 13th.

Students will be contacted about admission into the program by May 10th.

If you have questions regarding the SHIP, contact MSI-AHEC via phone at 212.534.AHEC or e-mail flucio@institute2000.org.

Upon completion, please mail application, essays and two recommendations to:

Manhattan-Staten Island AHEC
43 Central Park North, Suite 1A
New York, NY 10026
Or fax (212) 534-2478

SUMMER HEALTH INTERNSHIP PROGRAM

Name:

First

M.I.

Last

Ethnicity:

- American Indian or Alaskan Native
- Asian (Cambodia, Malaysia, Pakistan, Vietnam)
- Asian (China, Philippines, Japan, Korea, India)
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White Other: _____

Date of Birth:

Month

Date

Year

Age:

Gender:

- M F

U.S. Citizen /
Perm. Resident:

Y N

Social Security #:

 - -

Address:

Street

Apt. #

City

State

Zip

Mailing Address: *if different from above

Street

Apt. #

City

State

Zip

Phone:

 - -

Home

 - -

Cell

E-mail Address:

Current Education Level:

- High School College Current Grade Level: _____ Anticipated Graduation Year: _____

School Name:

School City / Borough:

Please rank the three health careers you are most interested in from 1 to 3 (3 being the highest).

- | | | |
|-------------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Health Administration | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Clinical Laboratory Services | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Forensic Science |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Neurology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Dietetics Nutrition | <input type="checkbox"/> Nursing | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Optometry | <input type="checkbox"/> Therapy & Rehabilitation |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Orthopedic Medicine | <input type="checkbox"/> Other: _____ |

Please place a check on the health issues you are interested in knowing more about.

- | | | |
|--------------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Infant Mortality | <input type="checkbox"/> Other: _____ |

Please list any activities or organizations you are/were involved in (attach an additional sheet if needed):

Please list any languages you speak in addition to English:

Do you have family members who are health professionals? **Y N**

Did you apply to this program last year? **Y N** Were you accepted? **Y N**

How did you hear about this program?

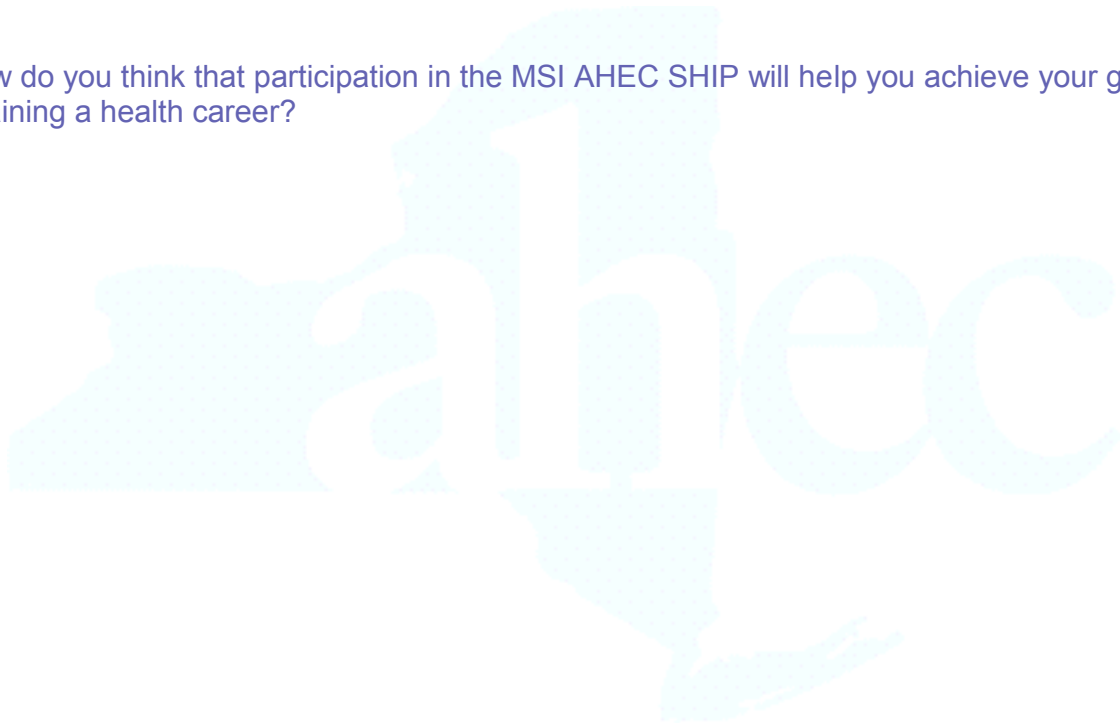
- | | | |
|----------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Former Participant | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friend | <input type="checkbox"/> School | <input type="checkbox"/> Other: _____ |

If accepted into the MSI-AHEC SHIP I am willing and able to work at a placement in:

- | | |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Manhattan | <input type="checkbox"/> Staten Island |
|------------------------------------|----------------------------------------|

Please write two short essays, approximately 200 words each, on the following topics. Please type your answers and include them on a separate sheet of paper.

1. Of the health careers you selected on page 3, please describe which career you are most interested in and why?
2. How do you think that participation in the MSI AHEC SHIP will help you achieve your goal of attaining a health career?



Media Release Form

The Manhattan-Staten Island AHEC will frequently release materials to promote our activities through various media. In order to assist the AHEC in furthering its mission, we kindly ask you to complete the following release form.

Consent and permission are hereby granted to the Manhattan-Staten Island AHEC (MSI-AHEC), its agents and employees, and to any person, firm, or organization that the MSI-AHEC may designate or authorize to interview/photograph me

(my child _____).

This consent includes the use of such printed forms, tape recordings, press releases, and/or photographs with or without my name and biographical data concerning me by MSI-AHEC or anyone else on its behalf, without limitation as to time or frequency of use, for any or all of the following purposes:

1. Newspaper article or release
2. Release to other media (television and radio)
3. Video or film
4. Educational, instructional, or teaching purposes
5. Research activities
6. Other publicity, fund raising, and promoting for the MSI-AHEC

Note: The signer may strike out any of the forgoing purposes not desired.

Signature

Date

Parent Signature (if applicant is under 18)

Date

Applicant / Parental Consent Page

I understand that only complete applications returned to the MSI-AHEC with a postmark date no later than Wednesday, April 1st will be reviewed and that all incomplete applications will be discarded.

Signature of Applicant: _____

I understand that completion of an application for the MSI-AHEC SHIP does not guarantee an interview for the program and that an interview does not guarantee admission into the program.

Signature of Applicant: _____

I understand that, if selected to participate in the MSI-AHEC SHIP, I must receive a PPD test in 2010 and show proof of an MMR vaccination.

Signature of Applicant: _____

ATTENTION: If the applicant is under 18 years of age, a parent or legal guardian must review the information in this eleven page application and sign acknowledging approval for their child to be considered for the Manhattan-Staten Island Area Health Education Center (MSI-AHEC) Summer Health Internship Program (SHIP).

I _____ have reviewed the completed eleven page 2010 MSI-AHEC SHIP application and consent to my child being considered for the program. I am willing to allow my child to participate in all of the activities that the program entails should he/she be accepted, however I understand that the completion of this application will not guarantee my child placement in the SHIP.

Signature: _____ Date: _____

Emergency Contact

1. Parent Name: _____

Home/Work #: _____ **Cell/Alternate #:** _____

2. Alternate Contact Name: _____

Home/Work #: _____ **Cell/Alternate #:** _____

Relationship to student: _____

Recommendation Form 1

The Manhattan-Staten Island Area Health Education Center (MSI-AHEC) Summer Health Internship Program (SHIP) is an intensive, six-week opportunity for high school and college students. This program exposes students to a variety of careers in the health fields as well as to the health issues affecting their communities. Subsequently, the SHIP allows participants to interact regularly with health care professionals. Students who successfully complete the MSI-AHEC SHIP will emerge with newfound connections, job readiness skills, and insight into the world of health care.

Applicant's name: _____

Your name: _____ Title: _____

School / agency: _____

Address: _____

Phone: _____ Fax: _____

Please give an overall recommendation of the applicant to the SHIP:

- Highly Recommend
 Recommend
 Insufficient Knowledge to Evaluate
 Do Not Recommend

Please rate the applicant in the following categories:

(check one)	Superior	Good	Average	Below Average	N / A
Demonstrated Interest in health careers					
Commitment to Learning					
Motivation					
Ability to Work with others on a team					
Professionalism					
Reliability, Responsibility					
Maturity					

Recommendation Form 1

Please answer the following questions in regards to the applicant:

How well and in what capacity do you know the applicant?

If you would like to share additional comments, please use the space provided below.

PLEASE NOTE: All comments are confidential and will be reviewed only by MSI AHEC staff. Return this form in a sealed envelope to the applicant who requested it from you. To ensure the applicant will be considered for the program, make sure your recommendation form is returned to them as soon as possible, as the postmark deadline for submission of the entire application is April 1, 2010. If you have any questions about this recommendation form, feel free to contact MSI-AHEC at (212) 534-AHEC, or send an e-mail to flucio@institute2000.org.

Thank you for your efforts on behalf of this applicant.

Signature: _____ Date: _____

Recommendation Form 2

The Manhattan-Staten Island Area Health Education Center (MSI-AHEC) Summer Health Internship Program (SHIP) is an intensive, six-week opportunity for high school and college students. This program exposes students to a variety of careers in the health fields as well as to the health issues affecting their communities. Subsequently, the SHIP allows participants to interact regularly with health care professionals. Students who successfully complete the MSI-AHEC SHIP will emerge with newfound connections, job readiness skills, and insight into the world of health care.

Applicant's name: _____

Your name: _____ Title: _____

School / agency: _____

Address: _____

Phone: _____ Fax: _____

Please give an overall recommendation of the applicant to the SHIP:

- Highly Recommend
 Recommend
 Insufficient Knowledge to Evaluate
 Do Not Recommend

Please rate the applicant in the following categories:

(check one)	Superior	Good	Average	Below Average	N / A
Demonstrated Interest in health careers					
Commitment to Learning					
Motivation					
Ability to Work with others on a team					
Professionalism					
Reliability, Responsibility					
Maturity					

Recommendation Form 2

Please answer the following questions in regards to the applicant:

How well and in what capacity do you know the applicant?

If you would like to share additional comments, please use the space provided below.

PLEASE NOTE: All comments are confidential and will be reviewed only by MSI AHEC staff. Return this form in a sealed envelope to the applicant who requested it from you. To ensure the applicant will be considered for the program, make sure your recommendation form is returned to them as soon as possible, as the postmark deadline for submission of the entire application is April 1, 2010. If you have any questions about this recommendation form, feel free to contact MSI-AHEC at (212) 534-AHEC, or send an e-mail to flucio@institute2000.org

Thank you for your efforts on behalf of this applicant.

Signature: _____ Date: _____

Ship

2010 Application

Manhattan-Staten Island Area Health Education Center

