



# High School Summer Internship Application

## ***Southern Illinois Healthcare***

**Attn:** Talent Acquisition Team – Cordy Love

1239 East Main Street, University Mall, Carbondale, IL 62901

(618) 457-5200 ext. 67813 or via email at [cordy.love@sih.net](mailto:cordy.love@sih.net)

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

### **Applicant Information:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

High School Name: \_\_\_\_\_

City: \_\_\_\_\_

Year in School (entering the next school year)    Junior    Senior    Graduated Senior

### **Parent/Legal Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### **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 rack your first and second choice.***

1. State your reasons for being interested in the SIH Summer Internship program. Discuss any health related projects you have been involved with:
2. List any extracurricular activities and /or scholastic honors:
3. List any previous/current work experience, including job shadowing experience(s):
4. Tell us how you learned about the SIH Summer Internship Program:

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

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Student Signature/Date

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Parent or Legal Guardian Signature/Date

**\*\*Annual Application Deadline is April 1<sup>st</sup>\*\*  
Please submit to address listed at the top of the application.**