

Summer Internship Program Application June 14 – August 8, 2017



STUDENT INFORMATION (Please print or type)

HIGH SCHOOL: _____

NAME: _____
Last First M.I. birth date (*must be 18 to enter OR)

Home Address: _____

Email Address: _____ (most communications will be by email)

HOME PHONE: _____ CELL PHONE: _____

In Case of Emergency Contact: _____

Name of University attending in Fall 2017 and major: _____

Please attach copies of:

1. Academic record (official transcript, GPA, and class rank through fall semester, 2016).
2. All standard test scores (SAT and ACT preferred, PSAT scores not necessary).
3. Two (2) letters of recommendation from teachers, counselor, or principal.
4. Listing of extracurriculars, community service, and employment. Evidence of leadership is an important part of the selection criteria.
5. Student essay: Please state in one page or less why you want to participate in the program, including how you decided on your ranking of clinical specialty areas of interest. (We make every effort to match interns with their specialty of greatest interest.)

A maximum of 15 interns will be selected. INTERNS WILL WORK PART TIME FOR EIGHT WEEKS (20 hours per week for a maximum of 160 hours @ \$8.10/hour). Each intern will be matched with a primary mentor in one of the following specialties but will also have opportunities to observe in other specialty areas. Please rank your top 4 specialty areas with "1" being your first choice. Check links to mentors' websites for more information on their specialty. (Areas are subject to availability.)

See website: www.cincinnatichildrens.org/education/research/high-school/summer-internship/

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| <p>_____ General Pediatrics</p> <p>_____ Neurology/ Tuberos Sclerosis</p> <p>_____ Autism Spectrum Disorders</p> <p>_____ Ped Surgery/ Dr Brown*</p> <p>_____ Ped Surgery/ Dr Frischer*</p> <p>_____ Ped Surgery/ Dr Falcone*</p> <p>_____ Pediatric Oncology</p> <p>_____ Neurology/ Epilepsy</p> | <p>_____ Sleep Research/ Pulmonary Medicine</p> <p>_____ International Adoption/ Infectious Diseases</p> <p>_____ Child and Adolescent Forensic Psychiatry</p> <p>_____ Rheumatology/ Lupus and JRA</p> <p>_____ Neurology/ ADHD/Tourette's Research</p> <p>_____ Cystic Fibrosis Research</p> <p>_____ Clinical & Genetic Asthma Research</p> <p style="text-align: center;">* (must be at least 18 years old)</p> |
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Parent/Guardian Permission: (Required for consideration)

I give _____ permission to participate in Cincinnati Children's Summer

Internship Program: _____
Full Name Signature Phone

I understand that to participate, **I MUST** attend orientation on **June 14, 2017** and will agree to abide by all rules/policies and procedures explained to me during orientation.

Applicant Signature: _____ Date: _____

Please send completed applications to: Lisa Higgins, Office of Academic Affairs and Career Development MLC 4000, Cincinnati Children's Hospital, 3333 Burnet Ave., Cincinnati, OH 45229. **NO FAX'S WILL BE CONSIDERED. COMPLETE APPLICATION PACKETS MUST BE RECEIVED BY 5pm, Friday March 17, 2017.** Questions – call (513) 803-0781.