

Project HOPE

Health Occupations Preparatory Experience
2009 Internship Application Packet



A program funded by the Higher Education Coordinating Board, sponsored by the Washington State Department of Health, Office of Community and Rural Health, and facilitated by the Eastern Washington Area Health Education Center, Washington State University Extension and the Western Washington Area Health Education Center.





Demographic Information

Name _____
Parent/Guardian _____
Address _____
City _____ State _____ Zip _____ County _____
Home Phone _____ Parent Work Phone _____
Cell Phone _____ Email _____
Age _____ Date of Birth _____ Sex: Male _____ Female _____
Social Security Number (Required) _____

Polo Shirt Size (check one) Men's Women's (circle one) XS S M L XL XXL

How would you get to/from your internship site:

- Drive myself
- Someone else will drive me
- Use public transportation (bus)
- Transportation is an issue

Race, Ethnicity, & Language Information

What is your primary cultural identity? (You may check more than one box.)

- African/African American
- Filipino
- Southeast Asian
- American Indian/Alaskan Native
- Caucasian
- Hispanic/Chicano/Latino
- Asian/Pacific Islander (please specify) _____
- Other (please indicate) _____

Which Native American tribe do you identify with? _____

Does your family speak a language other than English at home? Yes No. If yes, which language(s)? _____

Academic & Volunteer Information

High School _____

Current year in school Junior Senior (students in earlier grades not eligible)

What is the last day of your current school year? _____

Cumulative High School Grade Point Average (GPA)

List all courses you are currently enrolled in that are not listed on your transcripts:

Please check any of the programs that you are or have been a part of:

- U-DOC MESA ConneX Gear-Up
- HOSA SKILLS USA / VICA Nurse Camp Other (please specify) _____

Other math, science, or health occupation programs, groups, or clubs:

College Information

What types of college are you interested in attending? 2-Year 4-Year

If you have decided, which college do you want to attend? _____

Have you been formally accepted into any college? Yes No

If so, which ones? _____

Did your mother/guardian graduate from a four year university? Yes No

Did your father/guardian graduate from a four year university? Yes No

Health Care Career Interests

Rank 1 through 11 (one is highest) your interest in each of the health career clusters.

Career Cluster		Rank
Medical Office Personnel	Administrator Health Information Specialist Billing/Coding Medical Receptionist Health Unit Coordinator	
Dentistry	Dentist Dental Hygienist Dental Assistant	
Dietetics & Nutrition	Dietitian Dietetic Technician	
Emergency Services	Paramedic Emergency Medical Technician Dispatcher	
Laboratory Science	Clinical Laboratory Technologist Clinical Laboratory Technician Phlebotomist	
Mental Health Services	Psychologist Social Worker Substance Abuse Counselor Mental Health Counselor	
Nursing	Nurse Practitioner (ARNP) Nurse Midwife Registered Nurse (RN) Public/Community Health Nurse Licensed Practical Nurse (LPN) Nursing Assistant, Certified (NAC) Medical Assistant	
Pharmacy	Pharmacist Pharmacy Technician	
Physician/Physician Assistant	Primary Care Specialty Care	
Imaging Technology	Nuclear Medicine Technologist/Ultrasonographer Radiological Technician	
Rehabilitation Services	Occupational Therapist Occupational Therapy Assistant Physical Therapist Physical Therapy Assistant Respiratory Therapist Speech Pathologist/Audiologist	

*This list of careers is not all-inclusive but meant to serve as an indicator of career interests. Rank only the clusters, not the individual jobs within the cluster. Remember this internship is exploratory and students will be rotated through a variety of areas.

Essay/Questions

Using a **separate piece of paper**, please answer questions #1 and #2 using the essay format. You may use any medium you prefer, such as a poster, an essay, a PowerPoint presentation, a video, etc. to answer question #3. **These questions are scored independently in the scoring process.**

- Question 1. Project HOPE is for students somehow disadvantaged – who are in circumstances that may make it more difficult for them to reach their educational and professional goals. This might mean living in a small community with few educational opportunities or not having a large enough family income to participate in extracurricular educational activities. Describe the way(s) you feel that you may meet the disadvantaged eligibility criterion.
- Question 2. Why do you want to pursue a degree in a health profession? What is it about your life experiences, talents, or personality that make the health professions attractive to you?
- Question 3. Describe your connection to your ethnic culture and community and how working in the health care field will have a positive impact on your community.

Application Material Check List

I have:

- Included pages 1 through 4 of the application (and have signed this page).
- Included my essays to questions 1 and 2 from this page, and my project for question 3 from this page.
- Included my unofficial transcripts.
- Included the student advisor information form.
- Asked my personal reference to complete the personal reference questionnaire.

STUDENT SIGNATURE (REQUIRED)

DATE

PARENT SIGNATURE (REQUIRED)

DATE

Please be aware that the stipend you receive for participating in this program is not a wage and will not replace the wages from part time or summer jobs. Rather, this experience can complement a summer job and the stipend can complement other wages.

Project HOPE requires a 6 week summer commitment for 20 hours per week. If you have applied for other competitive application student programs and are chosen for more than one, we will ask you to choose between Project HOPE and other internships or health care related camps.

Application Submission Instructions

Please complete and return to:

**Western Washington AHEC
2033 6th Avenue, Suite 310
Seattle, WA 98121
(206) 441-7137**

Application deadline: March 27, 2009



Project HOPE
Health Occupations Preparatory Experience
Student Advisor Information

This form must be completed by student advisor or school personnel.

Student Name _____

Advisor Name _____

Title _____

Address _____

City _____ State _____ Zip code _____

Phone _____ FAX _____

Email Address _____

Could this student use their internship as part of their culminating project or for other class credit?

Yes No Not certain at this time

If yes, are there any special requirements that need to be met? Yes No

If so, what needs to be done before the end of the school year? _____

 Advisor Signature

 Date

Please complete the Student Advisor Information Form and return to student.

Student must return application and student advisor information. Personal reference questionnaire should be returned separately. Transcripts can be enclosed or released by the student to be forwarded to our office. Thank you.

Application deadline is March 27, 2009

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Project HOPE
Health Occupations Preparatory Experience
Personal Reference Questionnaire

Student Name _____
 Reference Name _____
 Phone or Email _____
 High School _____
 City _____

Please circle the number in the scale ranging from high to low that reflects your impression of this prospective student intern.

	LOW		AVERAGE		HIGH
Dependability (follows through on commitments)	1	2	3	4	5
Reliability (in accepting responsibility)	1	2	3	4	5
Judgment (evidenced in daily relations)	1	2	3	4	5
Personal Ethics	1	2	3	4	5
Flexibility (adapts to change, accepts people with different values and lifestyles)	1	2	3	4	5
Stability (in student's life)	1	2	3	4	5
Relating (with others)	1	2	3	4	5

How long have you known this student and in what capacity? _____
 Do you think this student is suitable to intern at a health care facility? _____
 Why or Why Not? _____
 Additional Comments: _____

PERSONAL REFERENCE SIGNATURE _____ Date _____

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