



## Health Center Foundation Summer Internship Program at Sidney Regional Medical Center

### Application Process:

The applicant should represent himself or herself in a clear, concise manner.

The application must include:

- Applicant information
- Current employment history
- Current education information (minimum third year in college)
- After graduation
- Community service/activities
- Attachments (included with application)
- Affidavit (included with application)

Also required is a short **letter of intention** providing the following information:

- Healthcare career goals
- What the internship means to the applicant and why the applicant is a good candidate
- Two letters of recommendation to the program

Please submit to:

Health Center Foundation  
Evie Parsons  
1000 Pole Creek Crossing  
Sidney, NE 69162

**The DEADLINE to apply is March 15, 2021**



## Part 1 Internship Application

### APPLICANT INFORMATION

Date

Name:			
Last	First	M.I.	
Address:			
Street	City	State	Zip
Phone number:			
Daytime		Evening	
Date of Birth:			
U.S. Citizen (circle one):	Yes	No	

### CURRENT EMPLOYMENT HISTORY

Employed by:	
Address:	
Street	City State Zip
Phone number:	No. of hours worked per week:
Job Title/Description:	
Supervisor's Name:	



### SCHOOL INFORMATION

Name of educational institution attending:					
Address:					
Street	City	State	Zip		
Status (circle one):	Full Time	Part Time			
Academic year (circle one):	first	second	third	fourth	OTHER:
Overall GPA:	Expected year of graduation:				
Degree or Certification program:					

### AFTER GRADUATION

Do you intend to practice in the Nebraska panhandle region upon completion of your academic program? (circle one):      Yes              No
If so where?
If no, where do you intend to practice?
Type of practice setting, where you intend to work (i.e., Hospital/Clinic):

### COMMUNITY SERVICE/ VOLUNTEER EXPERIENCE:

1)
2)
3)
4)



## **Part 2** Attachments

In addition to the internship application, you must submit the following documents:

1. Photocopy of your current course schedule from the academic institution you are attending.
2. Photocopy of your transcript.
3. A brief typed biography of your academic/professional past and academic/professional goals.

## **Part 3** Affidavit

FOR ALL APPLICANTS

I understand that I must be a full or part-time student to participate in the HCF Summer Internship Program Health Center Foundation. Under the penalties of perjury, I do solemnly affirm that all information provided pertaining to this application, herein stated or provided separately, is true to the best of my knowledge and belief.

I accept the responsibility of notifying the Health Center Foundation of any change from that stated in this application to my academic or career goals. I agree to make this notification immediately, in writing.

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Signature of Applicant

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Date