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 plans
* 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**

**Julie Shoemaker**

**1000 Pole Creek Crossing Sidney, NE 69162**

**The DEADLINE to apply is March 29, 2025**

# 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 upon completion of your academic program? (circle one): Yes NoIf 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-time or part-time student to participate in the Health Center Foundation Summer Internship Program. 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 that is stated in this application to my academic or career goals. I agree to make this notification immediately, in writing.

Signature of Applicant Date