

Bronx Westchester Area Health Education Center
2017 Summer Health Internship Program
Application Form
Application Deadline: April 1, 2017

The Bronx Westchester Area Health Education Center (BW-AHEC) is committed to improving the health and health care outcomes of underserved communities in the Bronx and Westchester through the recruitment, retention and enrichment of the healthcare workforce. One of our main recruitment programs is the Summer Health Internship Program (SHIP). The Internship allows students aspiring toward a career in the health professions the opportunity to work in a health care setting and interact regularly with health professionals.

Please read all instructions and questions carefully before you start.

Eligibility Criteria and Guidelines:

- **Must** be a rising High School Junior, Senior or College Freshman or Sophomore as of Fall 2017
- Student **must** have a strong interest in pursuing a health/medical career
- Students **must** live or attend school in the Bronx or Westchester
- **Must** be a United States Citizen or have Permanent Resident Status
- Students **must** be available and committed to participate in the program on the following dates/time:
 - July 5 - August 17, 2017 Monday-Wednesday 9:00AM- 3:00PM;
Thursday 9:00AM- 5:00PM

***** Please note:** If selected to participate in the Summer Health Internship Program each student must provide proof of 2017 PPD and MMR Vaccination

All applications must be postmarked by April 1, 2017, 5:00PM mailed applications (11:59 PM- Electronic applications).

Please mail application:

BW-AHEC
250 Bedford Park Boulevard West
T-3, Rm. 113
Bronx, NY 10468
Attention: BW-AHEC
Fax: 718-960-8488
Email: ahecinfo@gmail.com
CC: Edwin Martinez, Executive Director
edwin.martinez@lehman.cuny.edu



Application Checklist

_____	____/____/____
Name of Applicant	day/ month/ year
_____	_____
School Name	Applicant Phone Number

The following items **MUST** be submitted prior to start of the internship.
Please complete all sections of this application. Incomplete applications will not be reviewed.

	Documents Required	Initial	Date
1	Fully completed application		
2	500 word Essay		
3	Current Resume		
4	Unofficial Transcript		
5	Letter of recommendation (1)		
6	Signed application consent form		

Please mail application:

BW-AHEC
250 Bedford Park Boulevard West
T-3, Rm. 113
Bronx, NY 10468
Attention: BW-AHEC
Phone: 718-960-7977
Fax: 718-960-8488
Email: ahecinfo@gmail.com
CC: Edwin Martinez, Executive Director
Edwin.martinez@lehman.cuny.edu



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**2017 Summer Health Internship Program
APPLICATION**

Please print the requested information in the allotted space. If additional space is necessary, please use a separate sheet.

APPLICANT MUST BE A U.S CITIZEN OR PERMANENT RESIDENT

Date:		Check One: <input type="checkbox"/> Female <input type="checkbox"/> Male	
First Name		Middle Initial	Last Name
Current Address: Street		Apt.	
City:		State:	Zip
Home Phone#		Cell Phone#	
Date of Birth: ____ / ____ / ____ Month Day Year		Primary Email Address:	
US Citizen/ Permanent Resident: <input type="checkbox"/> YES <input type="checkbox"/> NO		School Email Address:	
Languages Spoken other than English:		Ethnicity (Optional): Check One <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Permanent Address(If different from above)			
Street		Apt	
City		State	Zip
<input type="checkbox"/> High School		<input type="checkbox"/> College Major: _____	
School Name: _____		School Name: _____	
School City/State: _____		School City/State: _____	
Expected graduation Date: ____ / ____ / ____		Expected graduation Date: ____ / ____ / ____	

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2017 Internship Application

Check top 5 Health Careers that interest you?

- | | |
|---|---|
| <input type="checkbox"/> Audiologist/ Hearing Specialist | <input type="checkbox"/> Medical Health |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Neurologist |
| <input type="checkbox"/> Cardiovascular Technologist | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Certified Nurse Assistant | <input type="checkbox"/> Orthopedic Medicine |
| <input type="checkbox"/> Clinical Laboratory Services | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Dental Laboratory Technician | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Emergency Medicine Technician (EMT) | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Forensic Specialist | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Geriatric Specialist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Genetic Counseling | |
| <input type="checkbox"/> Health Administrator | |
| <input type="checkbox"/> Health Education/ Promotion | |
| <input type="checkbox"/> Health/ Medical Information Technologist | |
| <input type="checkbox"/> Medical Laboratory Technician | |
| <input type="checkbox"/> Medical Illustrator | |

What health issues are you interested learning about?

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Drug Abuse/alcoholism | <input type="checkbox"/> STD's |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Disparities | |
| <input type="checkbox"/> Heart Disease | |

Do you have any family members who are healthcare professionals? If yes, what? _____

Have you applied to BWAHEC before? If yes, when? _____

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How did you hear about the program?

Family Advertising School Website Health/Career Fair Friend Other

If selected for the program, in which county would you prefer to be placed during your internship?

(Please check one) Bronx Westchester

ESSAY QUESTION: On a separate sheet of paper, please write a 500 word essay (typed and double-spaced) discussing your motivation and interest in health careers; indicate any unique qualities, experiences and other relevant information that makes you a strong candidate for this program.

Your 500 word essay should include the following:

- Your career goals
- How participation in this program will help you achieve your goals
- Why you feel you should be selected

Resume: Please attach a copy of your resume

Transcripts: Please provide a current copy of official transcript from the high school and/ or college you last attended.

Bronx-Westchester AHEC Summer Health Internship Program

Letter of Recommendation

Application deadline April 1, 2017

Applicant's name: _____

Dear Evaluator,

This student has applied to the Bronx- Westchester Area Health Education Center Summer Health Internship Program. The BW AHEC internship program offers students an in depth look at various health careers through interaction with health professionals. Students also learn about important health issues affecting the community. BW AHEC encourages students to practice in underserved areas of the Bronx and Westchester counties. (Please return your recommendation in a sealed envelope).

Thank you for your cooperation.

Evaluator's Name: _____

Title: _____

School Name: _____

Email Address: _____

Please answer the following questions about the applicant:

1. Explain why you feel this student would benefit from this opportunity?

2. In what ways does the student strive to meet responsibilities?

3. In what capacity have you known the applicant?

Please check selection to indicate your recommendation for the applicant:

Highly recommended

Recommendation with reservations

Recommended

Not Recommended

