

# MANHATTAN-STATEN ISLAND AREA HEALTH EDUCATION CENTER

## 2016 SHIP APPLICATION SUMMER HEALTH INTERNSHIP PROGRAM JULY 5– AUGUST 11

### IMPORTANT TO NOTE

**APPLICATION DEADLINE:** March 17, 2016  
Only complete applications will be reviewed.

### **APPLICATION SUBMISSION OPTIONS:**

- Completing the online application
- Printing and mailing the full paper application and supplemental forms
- Applications may also be submitted via fax
- Dropped off in person at the MSI AHEC office.

All documents must be postmarked by March 17, 2016

Interviews will begin in April. Students selected for interviews will be contacted regarding acceptance in early May.

Manhattan-Staten Island AHEC

127 W. 127th St  
Suite 221

New York, NY 10027

Phone: 212-534-2432

[www.msiahec.org](http://www.msiahec.org)

Program Manager: Mayra Leon

Email: [mleon@msiahec.org](mailto:mleon@msiahec.org)

### WHO SHOULD APPLY:

- 10th and 11th grade high school students on-track for promotion in June
- 12th grade high school students in good standing who plan to attend college in the Fall 2016
- College students in good standing that will be a Sophomore Fall 2016

### ELIGIBILITY REQUIREMENTS:

- Student must be between 16-22 years of age on July 5th, 2016
- Student must attend school or live in Manhattan or Staten Island
- Student must be interested in a career in the health field
- Student must complete the application and submit two recommendation forms, at least 1 must be from a teacher or faculty. Letters from relatives not accepted.

The Manhattan-Staten Island Area Health Education Center (MSI AHEC) Summer Health Internship Program (SHIP) is an intensive, six-week opportunity for high school and college students. This program exposes students to a variety of careers in the health fields as well as to health issues affecting their communities. SHIP allows participants to interact regularly with health care professionals. Students who successfully complete the MSI AHEC SHIP will emerge with new connections, job readiness skills, and insight into the world of health care.

Each year a limited number of students are admitted into SHIP. The program will run from July 5th through August 11th. During this time participants will be expected to work at their designated sites for five hours each day. In addition, there will be mandatory didactic sessions every Thursday. These sessions will encompass a full day and will include lectures, field trips, and other health-related activities. On the final day of the program, all students will be required to attend and present their final projects.



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## 2016 SHIP APPLICATION

JULY 5- AUGUST 11

Student Contact Information	<u>Please Print Clearly</u>
Name (First, MI, Last)	
Date of Birth (month/day/year) and Age	
Primary E-mail Address	
Secondary Email Address	
HOME Street Address	
Address City	
Address State	
Address Zip Code	
HOME Phone Number	
CELL Number	

Student Background	<u>Please Print Clearly</u>
What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Do you live in a Rural, Urban or Suburban area? (select one)	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban
In HIGH SCHOOL did or do you qualify for free OR reduced price meals at your school? (choose one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which best describes your RACE? (check all that apply)	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____



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## 2016 SHIP APPLICATION

JULY 5- AUGUST 11

School Background	Please Print Clearly
Name of School you attend	
School City/Town	
Education Level (check one)	<input type="checkbox"/> 9-12 <input type="checkbox"/> Undergraduate College
Current Grade	
Anticipated Date of Graduation (month//year)	

Please place a check next to the health issues you are interested in knowing more about.

- Cancer
- Diabetes
- Domestic Violence
- Heart Disease
- HIV / AIDS
- Hypertension
- Infant Mortality
- Obesity
- Respiratory Therapy
- STDs
- Teen Pregnancy
- Other: \_\_\_\_\_

Please place a check next to the THREE health careers in which you are most interested.

- Alternative Medicine
- Cardiology
- Clinical Laboratory Services
- Dentistry
- Dietetics Nutrition
- Emergency Medicine
- Family Medicine
- Gynecology
- Health Administration
- Mental Health
- Neurology
- Nursing
- Optometry
- Orthopedic Medicine
- Pediatrics
- Pharmacy
- Forensic Science
- Public Health
- Social Work
- Therapy & Rehabilitation
- Other: \_\_\_\_\_







# MANHATTAN STATEN ISLAND AREA HEALTH EDUCATION CENTER

## 2016 SHIP APPLICATION

### RECOMMENDATION FORM 1

The Manhattan-Staten Island Area Health Education Center (MSI AHEC) Summer Health Internship Program (SHIP) is an intensive, six-week opportunity for high school and college students. This program exposes students to a variety of careers in the health fields, and to the health issues affecting their communities. SHIP participants regularly interact with health care professionals in hospitals and community healthcare settings. Students who successfully complete the MSI AHEC SHIP will emerge with new connections, job readiness skills, and insight into the world of health care.

Applicant's Name: \_\_\_\_\_

Your name: \_\_\_\_\_ Title: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please give an overall recommendation of the application for the SHIP:

\_\_\_ Highly recommend \_\_\_ Recommend \_\_\_ Do not recommend \_\_\_ Insufficient knowledge to evaluate

Please rate the applicant on the following categories:

	Superior	Good	Average	Below Average	N / A
Demonstrated Interest in health careers					
Commitment to Learning					
Motivation					
Ability to Work with others on a team					
Professionalism					
Reliability, Responsibility					
Maturity					

# MANHATTAN STATEN ISLAND AREA HEALTH EDUCATION CENTER

## 2016 SHIP APPLICATION

### RECOMMENDATION FORM 1

Please answer the following questions in regard to the applicant:

1. How well, and in what capacity do you know the applicant?

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2. Please share additional comments that will speak to why the applicant would benefit from SHIP

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**PLEASE NOTE:** All comments are confidential and will be reviewed only by MSI AHEC staff. Return this form in a sealed envelope to the applicant who requested it from you. To ensure the applicant will be considered for the program, make sure your recommendation form is returned to them as soon as possible, as the postmark deadline for submission of the entire application is **March 17, 2016**. If you have any questions about this recommendation form, feel free to contact MSI AHEC at (212) 534-AHEC, or send an e-mail to [mleon@msiahec.org](mailto:mleon@msiahec.org).



Thank you for your efforts on behalf of this applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MANHATTAN STATEN ISLAND AREA HEALTH EDUCATION CENTER

## 2016 SHIP APPLICATION

### RECOMMENDATION FORM 2

The Manhattan-Staten Island Area Health Education Center (MSI AHEC) Summer Health Internship Program (SHIP) is an intensive, six-week opportunity for high school and college students. This program exposes students to a variety of careers in the health fields, and to the health issues affecting their communities. SHIP participants regularly interact with health care professionals in hospitals and community healthcare settings. Students who successfully complete the MSI AHEC SHIP will emerge with new connections, job readiness skills, and insight into the world of health care.

Applicant's Name: \_\_\_\_\_

Your name: \_\_\_\_\_ Title: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please give an overall recommendation of the application for the SHIP:

Highly recommend     Recommend     Do not recommend     Insufficient knowledge to evaluate

Please rate the applicant on the following categories:

	Superior	Good	Average	Below Average	N / A
Demonstrated Interest in health careers					
Commitment to Learning					
Motivation					
Ability to Work with others on a team					
Professionalism					
Reliability, Responsibility					
Maturity					





# MANHATTAN STATEN ISLAND AREA HEALTH EDUCATION CENTER

## 2016 SHIP APPLICATION

### RECOMMENDATION FORM 2

Please answer the following questions in regard to the applicant:

1. How well, and in what capacity do you know the applicant?

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2. Please share additional comments that will speak to why the applicant would benefit from SHIP

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**PLEASE NOTE:** All comments are confidential and will be reviewed only by MSI AHEC staff. Return this form in a sealed envelope to the applicant who requested it from you. To ensure the applicant will be considered for the program, make sure your recommendation form is returned to them as soon as possible, as the postmark deadline for submission of the entire application is **March 17, 2016**. If you have any questions about this recommendation form, feel free to contact MSI AHEC at (212) 534-AHEC, or send an e-mail to [mleon@msiahec.org](mailto:mleon@msiahec.org).



Thank you for your efforts on behalf of this applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

