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 Program Manager: Mayra Leon Email: mleon@msiahec.org

Manhattan-Staten Island NYS Area Health Education Center System

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.

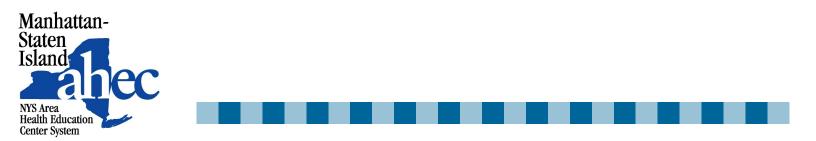
Each year a limited number of students are admitted into SHIP. The program will run from July 5th through August 11th. During this time participants will be expected to work at their designated sites for five hours each day. In addition, there will be mandatory didactic sessions every Thursday. These 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.

2016 SHIP APPLICATION

JULY 5- AUGUST 11

Student Contact Information	Please Print Clearly
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	Please Print Clearly		
What is your gender?	MaleFemale		
Do you live in a Rural, Urban or Suburban area? (select one)	RuralUrbanSuburban		
In HIGH SCHOOL did or do you qualify for free OR reduced price meals at your school? (choose one)	YesNoI'm not sure		
Are you Hispanic or Latino?	YesNo		
Which best describes your RACE? (check all that apply)	African American/Black American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander White Other:		



2016 SHIP APPLICATION

JULY 5- AUGUST 11

School Background	Please Print Clearly		
Name of School you attend			
School City/Town			
Education Level (check one)	9-12 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:_____

Manhattan-Staten Islands NYS Area Health Education

Center System

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:

2016 SHIP APPLICATION JULY 5- AUGUST 11

List any activities or organizations you are/were involved in: (attach an additional sheet if needed)

Please list any languages you speak in addition to English:

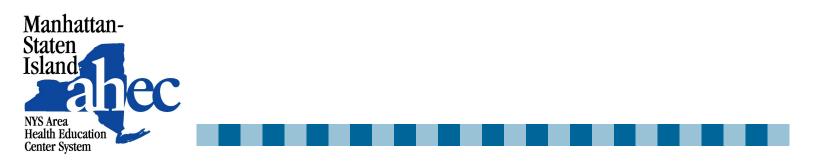
Do you have family members who are health professionals? If yes, which profession?

Did you apply to this program last year? ______ If yes, were you accepted? ______

How did you hear about this program?_____

If accepted are into the MSI-AHEC SHIP I am willing and able to work at a placement in:

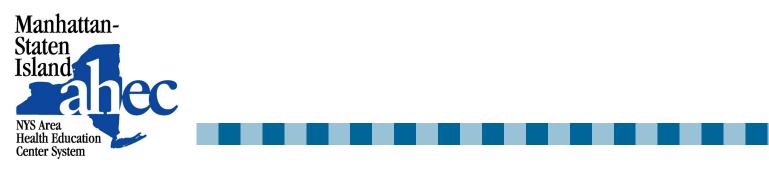
_Manhattan ____Staten Island



2016 SHIP APPLICATION JULY 5- AUGUST 11

Please write two short essays, approximately 200 words each, on the following topics. <u>Please type your answers and include them on a separate sheet of paper.</u>

- 1. In what ways have your life experiences led you in your decision to pursue a health career?
- 2. Of the three health careers you checked off on the previous page, which one interests you most? How do you think participating in MSI AHEC and SHIP will help you achieve your health career goals?



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 of the applic	ation for the SHIP:
Highly recommend Recommend Do	not recommendInsufficient 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					



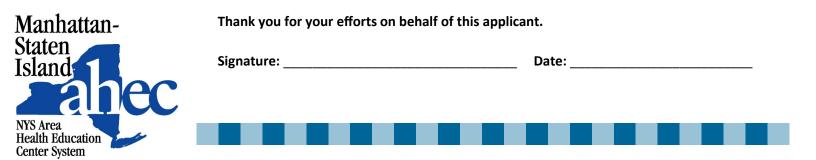
2016 SHIP APPLICATION RECOMMENDATION FORM 1

Please answer the following questions in regard to the applicant:

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

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

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.



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 of the applic	ation for the SHIP:
Highly recommend Recommend De	o not recommendInsufficient 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					



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?

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

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