Regional Summer Program Application
REGION: Pee Dee

HEALTH CAREERS SUMMER INTERNSHIP
June – August 2016 (Dates and Sites TBA)

ELIGIBILITY:
APPLICANTS ARE REQUIRED TO:
A. Be a current high school or college student in one of the 12 counties identified as within the Pee Dee region (www.scahec.net). The Health Careers Program works to increase the number of students entering the health professions in South Carolina. Emphasis is placed on underrepresented minority and disadvantaged students, however all interested students are encouraged to apply.
B. Be in good academic standing.
C. Demonstrate a sincere interest in a healthcare profession(s) and the healthcare industry.
D. Understand that ALL internship sites will be located within counties included in the specified AHEC’s region. (The South Carolina AHEC Map, including the counties included in each region is located at www.scahec.net.)
E. Understand that the application process for AHEC Summer Program(s) is competitive. Submission of this application does not guarantee acceptance to the summer program for which one applies. High school upperclassmen and college students are offered seniority for the Pee Dee AHEC Health Careers Summer Internship Program, however all eligible grades are encouraged to apply.
F. Understand that additional fees may be required.
G. Provide one’s own transportation to and from the internship placement site if accepted, which includes scheduled meetings in Florence throughout the internship experience.

APPLICATION INSTRUCTIONS AND REQUIREMENTS:
Submit application and all materials as outlined below. Illegible or incomplete applications will not be processed. Hand deliveries will not be accepted.

- MUST SUBMIT TOGETHER:
  - Completed application TYPED OR HANDWRITTEN IN BLACK OR BLUE INK
  - Essay (see page 2)
  - Official Transcript
    - High School Applicants: Official transcript
    - College Student Applicants: Official transcript(s) from all colleges/universities attended. If a current college freshman, official high school transcript also required.

- MAY SUBMIT SEPARATELY:
  - $30 non-refundable application fee. Pay by:
    - Check or money order made payable to Pee Dee AHEC
    - Debit/credit online at http://payfee2016.eventbrite.com
  - Three letters of recommendation using the enclosed recommendation form from adults who are NOT family members: Two (2) from a teacher and/or counselor, and one (1) from a clergyman, or other adult who is NOT a teacher and/or counselor and is familiar with your academic work, character, and/or work ethic.

- SUBMISSION METHODS:
  - By Mail: Pee Dee AHEC, Health Careers Program, PO Box 100551, Florence, SC 29502
  - By Email: clavon@musc.edu

- QUESTIONS: 843.777.5351 or 843.777.5343

DEADLINE: Monday, February 15, 2016
Pee Dee Region includes: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg counties.

**A. GENERAL INFORMATION:**

1. Are you considering taking a summer school course? □ YES □ NO □ Possibly

2. If applying for an internship:
   g. I will be able to provide daily transportation to/from placement site, and to the scheduled meetings in Florence. □ YES □ NO
   g. Indicate your preference of County: _______________________________ City: _______________________________
   g. Indicate your career interest: Choice 1: _______________________________ Choice 2: _______________________________
   g. Have you completed an internship or shadowing experience before? □ YES □ NO
      *If yes, where:
      Internship/Shadowing Site _______________________________ City: _______________________________ Dates of Experience _______________________________

3. If you are a college student, are you willing to serve as a role model for a high school student during the 2016-2017 academic year? □ YES □ NO

**B. DEMOGRAPHIC INFORMATION:**

1. Name: ____________________________________________________________________________
   Last                                                                         First
   Middle

2. Home Address: _______________________________________________________________________
   Street Address: _________________________________________________________________
   City: _______________________________ State: _______________________________ Zip: _______________________________ County: _______________________________

3. Select your neighborhood type: □ Rural □ Suburban □ Urban

4. Is your home address the same as your mailing address? □ YES □ NO
   **If no, provide your mailing address below:**
   Street or P.O. Box: _________________________________________________________________
   City: _______________________________ State: _______________________________ Zip: _______________________________ County: _______________________________

5. Age: ______ Date of Birth: __/__/____ Place of Birth: _________________________________
   Mo. Day Yr. City/County/State

6. Sex: □ Male □ Female Social Security No. ___________ - ___________ - ___________ (Required)

7. Home telephone: (______)_________________________ Cell phone: (______)_________________________
   Area Code                                      Area Code
   Dorm room telephone: (______)_________________________ E-mail address: _______________________________
   Area Code

8. Race: □ African American □ Caucasian □ American Indian □ Asian
   □ Hispanic □ Pacific Islander □ Native Hawaiian □ Latino
   □ Alaska Native □ Other _______________________________
C. ACADEMIC INFORMATION:
1. School Name: ___________________________ ___________________________ ___________________________

2. School Mailing Address: ____________________________________________________________

   City ___________________________ State ___________________________ Zip ___________________________

3. Current High School Students ONLY - Classification: □ 9th □ 10th □ 11th □ 12th
   - Name of School Counselor __________________________________________________________
   - Do you receive free or reduced lunch for the current school year? □ Yes □ No

4. Current College Students ONLY - Classification: □ Freshman □ Sophomore □ Junior □ Senior
   - Name of HS ____________________________________________ HS Grad Year ______
   - College Major ____________________________ Minor/Concentration _____________ Exp Grad Year ______
   - Do you receive the Pell Grant for the current school year? □ Yes □ No

5. Last day of class for 2015-2016 school year: __________________________

6. List all educational institutions (most recent first) you have attended: (Use additional paper if necessary)

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<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Graduation Date</th>
<th>Degree Earned</th>
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7. List any honors/distinctions received for scholastic achievements: (Use additional paper if necessary)

   ___________________________ ___________________________ ___________________________

8. List any extracurricular and/or community service activities (EXCLUDING jobs held during your high school/college years). Please INCLUDE any AHEC Programs/involvement. (Use additional paper if necessary)

   ___________________________ ___________________________ ___________________________

   ___________________________ ___________________________ ___________________________

   ___________________________ ___________________________ ___________________________

D. WORK EXPERIENCE: List any jobs including summer employment and paid/unpaid internships you have held in the past two years. (Use additional paper if necessary)

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<tr>
<th>Position</th>
<th>Employer</th>
<th>Dates of Employment</th>
<th>Hrs./week</th>
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E. FAMILY:
1. Number of immediate family members currently living in the household (INCLUDING SELF).
   _______ Brother(s) _______ Sister(s) _______ Parent(s)/Guardian(s) _______ TOTAL (INCLUDE SELF)

2. Are you a first generation college student? □ YES □ NO

F. ESSAY:
   Using a separate sheet of paper, type an essay (200-300 words) which describes: Your action plan for becoming a healthcare professional, including short and long term goals you have already met and how, along with short and long term goals you have set and have not met to date.
Recommend the above applicant as a participant for the SUMMER INTERNSHIP PROGRAM by completing the chart below. You may also provide a written statement in the space below or on a separate sheet of paper. In completing the recommendation for the above applicant we would like you to consider the following qualifications: academic achievements, leadership skills, relationships with instructors and peers, and any other outstanding qualities (strengths or weaknesses).

**Evaluation Chart**

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<tr>
<th></th>
<th>Outstanding</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Fair</th>
<th>Poor</th>
<th>No Opportunity to Observe</th>
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<tbody>
<tr>
<td>Class Effort</td>
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<td>Comprehension</td>
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<td>Accuracy/Attention to Detail</td>
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<td>Attendance</td>
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<td>Communication Ability</td>
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<td>Cooperation</td>
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<td>Leadership</td>
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<td>Maturity</td>
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Name (Please Print): __________________________________________ Title: __________________________________________

Recommender Type: □ Teacher/Counselor □ Teacher/Counselor □ Other

School/Organization: __________________________________________

**Return by Mail or Email by February 15, 2016**

Mail: Pee Dee AHEC
      Health Careers Program
      PO Box 100551, Florence, SC 29502

Email: clavon@musc.edu

Questions: Larrissa Clavon, Program Coordinator
(843) 777 - 5351