

**Summer
Health
Internship
Program
July 7 -
August 14
2008**

Criteria for Participation:

- Students 16-20 years of age entering their Junior or Senior year of High School or Freshman or Sophomore year of College as of Fall 2008
- Permanent residence in Brooklyn, Queens, or Long Island
- Sincere interest in a career in the health fields
- United States Citizen or Permanent Resident Status
- Completion of a minimum of one recommendation form by a non-relative
- PPD test administered in 2008 & MMR Vaccination (If Selected)



Ship

July 7 - August 14, 2008

IMPORTANT REMINDERS:

The 2008 Application Deadline is March 31st

- All applications must be postmarked by this date
- Only complete applications will be reviewed
- Completion of an application for the SHIP does not guarantee the applicant an interview

Applications reviewed April 1 - April 7

Applicants selected to be interviewed will be contacted beginning April 7

Interviews will be held April 14—25

- An interview for SHIP does not guarantee admission into the program

Students will be contacted in regards to admission into the program May 5—16

The Brooklyn-Queens-Long Island Area Health Education Center (BQLI 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 the health issues affecting their communities. Subsequently, the SHIP allows participants to interact regularly with health care professionals. Students who successfully complete the BQLI AHEC SHIP will emerge with new-found connections, job readiness skills, and insight into the world of health care.

In 2008, a limited number of students with permanent residences in Brooklyn, Queens, and Long Island will be admitted into the SHIP. The program will run from July 7th through August 14th and during this time participants will be expected to work at their designated sites three days per week for five hours per day. In addition, there will be mandatory workshops once per week. These sessions will encompass a full day and will include lectures, field trips, and other health related activities. At the end of the program, students will be required to attend and present a final project at a celebratory banquet.



Brooklyn-Queens-Long Island Area Health Education Center

Ship

2008 application

Instructions:

Please complete all sections of this application, incomplete applications will not be reviewed.

Checklist:

- Page 1, Name and Demographic Information
- Page 2, Internship Placement Form
- Page 3, Applicant/ Parental Consent Page
- Essay 1
- Essay 2
- Recommendation Form

If you live in Brooklyn or Queens, mail applications to:

BQLI AHEC
408 Jay Street, Suite 400
Brooklyn, NY 11201
Or FA X to: **718-797-5390**

If you live in Long Island, mail applications to:

The AHEAD Foundation
175 Fulton Ave, Ste 301A
Hempstead, NY 11550
516 538-0656

**If you have any questions please contact BQLI AHEC
via phone at (718) 797-1558.**



Brooklyn-Queens-Long Island Area Health Education Center

What health careers are you interested in pursuing? (Choose top three)

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Orthopedic Medicine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Clinical Laboratory Services | <input type="checkbox"/> Health Administration | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Health Education/Promotion | <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Dietetics & Nutrition | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Radiology | |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Social Work | |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Nursing | <input type="checkbox"/> Therapy & Rehabilitation | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ther_____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

What health issues are you interested in knowing more about? Choose top three)

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Infant Mortality | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please list any activities or organizations you are/have been involved in (resume optional):

Languages

Language (list)	Check categories in which you are fluent:		
	Speak _____	Read _____	Write _____
	Speak _____	Read _____	Write _____

Do you have family members who are health professionals? **Y N**

Did you apply to this program last year? **Y N** Were you accepted? **Y N**

How did you hear about this program?

- | | | | |
|--|---|----------------------------------|---|
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Former Participant | <input type="checkbox"/> Website | <input type="checkbox"/> Career/health Fair |
| <input type="checkbox"/> Friend | <input type="checkbox"/> School | <input type="checkbox"/> Other | |

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

- Brooklyn Queens Long Island



Brooklyn-Queens-Long Island Area Health Education Center

SHIP

2008 application

Applicant / Parental Consent Page:

I understand that only complete applications returned to BQLI AHEC with a postmark date no later than Monday, March 31 will be reviewed and that all incomplete applications will be discarded.

Signature of Applicant: _____

I understand that completion of an application for the BQLI AHEC SHIP does not guarantee an interview for the program and that an interview does not guarantee admission into the program.

Signature of Applicant: _____

I understand that, if selected to participate in the SHIP, I must have received a PPD test in 2006/07 and show proof of an MMR vaccination.

Signature of Applicant: _____

ATTENTION: If the applicant is under 18 years of age, a parent or legal guardian must review the information in this five page application and sign acknowledging approval for their child to be considered for the Brooklyn-Queens-Long Island Area Health Education Center (BQLI AHEC) Summer Health Internship Program (SHIP).

I _____ have reviewed the completed five page 2008 BQLI AHEC SHIP application and consent to my child being considered for the program. I am willing to allow my child to participate in all of the activities that the program entails should he/she be accepted, however I understand that the completion of this application will not guarantee my child placement in the SHIP.

Signature: _____

Date: _____



Brooklyn-Queens-Long Island Area Health Education Center

Applicant's name: _____

Evaluator's name: _____ Title: _____

School / Agency: _____

Address: _____

Phone: _____

Fax: _____

Please rate the applicant in the following categories:

(check one)	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					

Please answer the following questions in regards to the applicant:

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



Summer Health Internship Program

2008 recommendation continued

Brooklyn-Queens-Long Island Area Health Education Center

The Brooklyn-Queens-Long Island Area Health Education Center (BQLI 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 the health issues affecting their communities. Subsequently, the SHIP allows participants to interact regularly with health care professionals. Students who successfully complete the BQLI AHEC SHIP will emerge with newfound connections, job readiness skills, and insight into the world of health care.

Please give an overall recommendation of the applicant to the SHIP:

Highest Recommendation
 Not Suitable at this Time

Strongly Recommended
 Not Recommended

Recommended as Satisfactory
 Insufficient Evidence to Evaluate

If you would like to share additional comments, please use the space provided below.

PLEASE NOTE:

All comments are confidential and will be reviewed only by BQLI 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 31, 2008. If you have any questions about this recommendation form, feel free to contact BQLI AHEC at (718) 797-1558, or send an e-mail to info@bqliahec.org

Thank you for your efforts on behalf of this applicant.

Signature: _____

Date: _____