



### 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**

# SHIP

## Summer Health Internship Program

**July 6 - August 13 , 2009**

### IMPORTANT REMINDERS:

The 2009 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

**Applicants selected to be interviewed will be contacted beginning April 1**

**Interviews will be held April 13—17**

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

**Students will be contacted in regards to admission into the program May 1— 9**

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, SHIP allows participants to interact regularly with health care professionals. Students who successfully complete the BQLI AHEC Summer Health Internship Program will emerge with new-found connections, job readiness skills, and insight into the world of health care.

In 2009, a limited number of students with permanent residences in Brooklyn, Queens, and Long Island will be admitted into SHIP. The program will run from July 6 through August 13. 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 a 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

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# Ship

## 2009 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
- Resume**
- Essay 1
- Essay 2
- Recommendation Form

Mail all applications to:

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

**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"/> Cardiology                   | <input type="checkbox"/> Gynecology                 | <input type="checkbox"/> Pediatrics               |
| <input type="checkbox"/> Clinical Laboratory Services | <input type="checkbox"/> Health Administration      | <input type="checkbox"/> Pharmacy                 |
| <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"/> Other _____              |

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   |   |

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

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### 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

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## 2009 application

### Applicant / Parental Consent Page:

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I understand that only complete applications returned to BQLI AHEC with a postmark date no later than 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 2008/09 and show proof of an MMR vaccination.

Signature of Applicant: \_\_\_\_\_

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**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 2009 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

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## 2009 application

1. Please include a resume.
2. Please write a short essay on the following topic. Please limit your answer to 400 words per question.  
**Type your responses, hand written responses will not be accepted.**

Essay 1: Out of the health careers you selected Please select one and describe why you are interested in that career?

Essay 2: How do you think participation in the BQLI AHEC SHIP Program will help you achieve your goal of attaining a career in health? Why do you feel you should be selected to participate in the SHIP Program?

If you have questions regarding the SHIP, contact BQLI AHEC via  
phone at (718) 797-1558 or e-mail at [info@bqliahec.org](mailto:info@bqliahec.org)

Upon completion of this application, mail to : BQLI AHEC - 408 Jay St., Suite 400 - Brooklyn, NY 11201



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?

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