

# COLLEGE INTERNSHIP PROGRAM APPLICATION

## PERSONAL INFORMATION

FULL NAME: (Last, First Middle)

SOCIAL SECURITY NUMBER: (LAST 4 DIGITS)

XXX-XX-\_\_\_\_\_

CURRENT ADDRESS:

DATE OF BIRTH: \_\_\_\_\_

Male  Female

PERMANENT ADDRESS:

TELEPHONE:

\_\_\_\_\_  
(home)

\_\_\_\_\_  
(mobile)

EMAIL:

APPLICATION PERIOD:  2011  2012

Summer (deadline May 1)

Fall (deadline July 1)

Spring (deadline November 1)

ADDRESS WHERE ALL CORRESPONDENCE SHOULD BE SENT:  Current  Permanent

## ACADEMIC INFORMATION

ACADEMIC LEVEL:

Freshman  Sophomore  Junior  Senior  Graduate Student

COLLEGE/UNIVERSITY \_\_\_\_\_

MAJOR \_\_\_\_\_ DATE(S) ATTENDED \_\_\_\_\_

DEGREE \_\_\_\_\_ EXPECTED GRADUATION DATE \_\_\_\_\_

## ABOUT THE INTERNSHIP

WHICH AREA(S) OF THE DEPARTMENT OF HEALTH WOULD YOU LIKE TO INTERN?

Healthcare Management

Community and Family Health

Policy Planning and Evaluation

Health Regulation and Licensing

Health Emergency Preparedness and Response

Addiction Prevention and Recovery

HIV/AIDS, Hepatitis, STD, and Tuberculosis

How did you learn about the DOH College Internship Program? \_\_\_\_\_

Are you applying for a course credit internship?  Yes  No

Have you made arrangements with your college/university to receive academic credit for an internship if it is awarded?

Yes  No (Please note: Students cannot be paid and receive academic credit for an internship.)

### SUPPORTING DOCUMENTS

COMPLETED APPLICATIONS MUST CONTAIN THE FOLLOWING:

Completed DOH College Internship Program Application

Current Resume

**Two (2) Letters of Recommendation:** Recommendations should come from a college advisor and/or professor. Recommendation forms and letters must be sent from the advisor/professor to [doh.internship@dc.gov](mailto:doh.internship@dc.gov).

**Essay:** 1-2 pages on what you hope to accomplish through an internship at DOH, and how it will relate to your academic and career goals.

**Academic Transcripts:** Unofficial copies are acceptable

**The application deadlines are July 1, November 1 and May 1.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_