

AHS MENTORSHIP PROGRAM APPLICATION FORM

Application for: Internship (In office) Medical Shadowing
(Please refer to Application Guidelines.)

First Name _____ Last Name _____

Gender (optional) F M

Please list all languages that you are able to speak and/or read/write:

English Korean Chinese Filipino Indian Japanese

Other _____ Fluency (i.e Beginner, Proficient): _____

Phone _____ Email _____

Address _____ City _____ State ____ Zip _____

School Name and Address _____

Grade Level _____ Expected Date of Graduation _____

Reference 1: Name _____ Phone _____

Reference 2: Name _____ Phone _____

How did you hear about the AHS Internship and Mentoring Program? _____

Why do you want to intern with Asian Health Services? (Use space below or attach cover letter.)

Student's Signature

Parent's Name (Print) / Signature

Date

Date

AHS MENTORSHIP PROGRAM

APPLICATION GUIDELINES

1. The AHS Mentorship Program is open to junior and senior level high school students, as well as college students of any level. Students must be in "good standing" at the time of submitting their application.
2. There are two tracks under the AHS Mentorship Program: Internship and Medical Shadowing.
 - a. **Internship** refers to a mostly in-office setting, where students will work on various projects including research, grant writing support, marketing support, and event planning and staffing.
 - b. **Medical Shadowing** provides college students with the opportunity to closely observe ("shadow") one of our on-staff physicians to learn about the field of work, as well as the hospital/health care work setting. (Program not available to high school students.)
3. A completed application must be received by the designated deadline. A complete application consists of:
 - a. The application form
 - b. Cover letter
 - c. Resume
 - d. Two letters of recommendation. One of the recommendations must be from the school (i.e. Teacher, Guidance Counselor, Principal).
4. The deadline to apply for the 2018 Summer AHS Mentorship Program is January 31, 2018.
5. Applications may be sent by mail or email to:

Vicki (Won Hee) Park
Director of Community Programs and Philanthropic Development
Asian Health Services
Holy Name Medical Center
718 Teaneck Road
Teaneck, NJ 07666
Email: ahsmentorship@holyname.org

THANK YOU.