

MLK Community Healthcare Career Fellows High School Internship Summer Program



2022 Application
Deadline: April 29, 2022

Application Material Checklist:

- Original application**
- Unofficial school transcript**
- Personal statement**
Type 350 word essay (max) answering the following questions:
 - What makes you interested in healthcare?
 - What are your career goals?
 - How will participating in this summer program be beneficial to you and your future career paths?
- Two letters of recommendation**
 - Recommendation options: science teacher, math teacher, school principal, school counselor, or a community leader (e.g., your pastor or work supervisor). Letters can be submitted directly to the **Career Fellows Program: careerfellows@mlkch.org**

Make sure that your application and supporting materials are complete. **Place a check in each of the 5 boxes when completed. Incomplete applications will not be reviewed.**

Date: _____

Full Name: _____

Date of Birth: _____
Month/Day/Year

Home or School Address:

Street

City State Zip code

Phone Number: _____

Email Address: _____

Student Status

Are you currently enrolled in school? Yes No

High School: _____

Expected date of graduation: _____

Grade point average (GPA): _____

College that you will be attending (if known):

Employment (Optional. Please fill out, if currently working.)

Are you currently employed? Yes No

Name of employer: _____

Address of employer: _____

Telephone number: _____

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RETURN APPLICATION

Return all application materials by April 29, 2022. Email all application materials to the Career Fellows Program:

careerfellows@mlkch.org

Emergency Contact

Name: _____

Relationship

Phone Number

Letters of Recommendation

Name, email address and telephone number of references (people that will write a recommendation letter on your behalf - **we will not accept letters from relatives**)

Reference 1

Full Name: _____

Email: _____

Phone: _____

Relation to Applicant: _____

Years Known: _____

Reference 2

Full Name: _____

Email: _____

Phone: _____

Relation to Applicant: _____

Years Known: _____

Review application material checklist on the left column of the first page. Incomplete applications will not be reviewed.

Applicant Signature

Date

Parent/Guardian Signature

Date