

**Rush University Medical Center Children's Hospital
Internship Application
Child Life Services**

Name: _____

Present Address: _____

Phone: ____ (____) _____ E-mail: _____

Permanent Address (if different from above): _____

Academic Major, Institution, Degree and (anticipated) graduation date

Desired date of Internship _____

If you will be receiving academic credit for your internship, please provide the name and address of your internship supervisor:

Name: _____

Address: _____

Phone: ____ (____) _____ E-mail _____

Please include the following with this form and submit in one mailing:

1. current resume
2. transcript (an unofficial copy is acceptable)
3. 3 letters of reference
 - one from an academic
 - one from someone who has directly observed you working with children
4. A 300 – 500 word essay describing how the work of a child life specialist contributes to the health care experience of children and families.

Return to: Internship Program
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Rush University Children's Hospital
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Chicago, IL 60612