

Community Affairs
Science and Math Excellence (SAME) Network
High School Internship Program

2008-2009

APPLICATION GUIDELINES

Program Overview

The SAME Network High School Internship Program operated by the Department of Community Affairs of Rush University Medical Center will offer students in grades nine through twelve, an opportunity to participate in year-round after school and summer learning activities. The goal of the High School Internship Program is to provide participants with an opportunity to explore careers in the field of science by working a variety of departments at Rush University Medical Center. The SAME Network believes that by exposing students to careers in health-related fields, students will gain increased confidence in their own abilities to obtain career goals, ultimately improving their academic achievements and encouraging more students to enter into science-related careers.

Applicant Qualifications

- ◇ Possess a strong desire to pursue a science-related career, preferably health-related
- ◇ Be a US resident
- ◇ Enrolled in a CPS high school
- ◇ Have a minimum grade average of "B" or better in the past year
- ◇ Demonstrate good skills and positive habits
- ◇ Capable of devoting 10-15 hours to program activities on a weekly basis

Application Process

- ◇ Mail or deliver all sections of the *SAME Network High School Internship Program Application for 2008-2009* no later than JANUARY 23, 2009.
 - Provide *Personal Information* requested
 - Briefly elaborate on all *Short Essays*
 - Submit copies of documents outlined in *Supplemental Information*
 - Submit two (2) original *Teacher Recommendation Forms* (available online at www.rush.edu/CommunityAffairs) in a sealed envelope with application;
 - Complete *Parent/Guardian Information*
 - Complete *Emergency Information*
 - Accept and sign *Applicant Statement* (Applicant)
 - Accept and sign *Parent/Guardian Statement* (Parent/Guardian)
- ◇ Finalists will participate in a personal interview with Rush University Medical Center staff and stakeholders.
- ◇ Successful candidates must submit a current physical and immunization record.

Mail or deliver applications to: Donna Zurina, Community Affairs, Rush University Medical Center, 1653 West Congress Parkway, 401 Kidston Building, Chicago, Illinois, 60612-3833. Retain a copy of all submitted documents. For more information, contact Donna Zurina at 312-942-5961 or community_affairs@rush.edu.



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APPLICATION

DEADLINE: JANUARY 23, 2009. PRINT IN BLUE OR BLACK INK ONLY.

Personal Information

Applicant _____
Last name First name Middle Initial

Birth date _____
mm/dd/yyyy

Address _____
Number and Street Apt. #

City State Zip/Postal Code

Home Phone (_____) _____ Cellular Phone: (_____) _____
Area Code Area Code

Email _____ @ _____

US Citizen Yes No **IMPORTANT:** If no, attach copies of supporting documentation of legal residency.

Place of birth _____
City County State Country

Education

School Name _____

Address _____
Number and Street

City State Zip/Postal Code

Current Grade 9 10 11 Division _____

Previous school attended _____ Grade(s) in attendance _____

Previous school attended _____ Grade(s) in attendance _____

Previous school attended _____ Grade(s) in attendance _____

Office Phone (_____) _____ Fax: (_____) _____
Area Code Area Code

CPS Student ID Number _____

Optional Information

Gender Male Female

Racial/Ethnic Information (Check one)

- African American, Black (Non-Latino)
- Asian or Pacific Islander (Non-White)
 - Chinese Japanese Filipino Vietnamese
 - Korean Indian/Pakistani
 - Other Asian/Pacific Islander _____
- Native American or Alaskan Native (Non-White)
- Latino (Non-White)
 - Cuban Mexican American Puerto Rican
 - Other Latino _____
- White (Non-Latino)
- Other _____

Do you qualify to receive free or reduced lunch? Free lunch Reduced lunch No

Extracurricular Activities

List your extracurricular, community, family activities, and hobbies in the order of their interest to you. Check the box of all years you have or will participate in each activity.

ACTIVITY	GRADE LEVEL OF PARTICIPATION					APPROXIMATE TIME SPENT		POSITIONS HELD, HONORS WON, SPECIAL RECOGNITION
	5	6	7	8	9	Hours per week	Weeks per year	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Supplemental Information

1. All participants must be a citizen of the United States and/or a lawful Permanent Resident. Attach a photocopy of your Birth Certificate, Naturalization Certificate, and/or Visa Alien Registration Card.

2. All participants must be in the ninth grade, earn grades of "B" or better, have excellent attendance and practice positive character traits. Attach a photocopy of your most recent transcript and a copy of your most recent grade report.

Teacher Recommendations

Submit a minimum of two (2) teacher recommendations from current teachers in your school using the *Teacher Recommendation Form*. Submit the completed and signed *Teacher Recommendation Form* with your application. NOTE: One of the teachers must be a science teacher. List the names of the teachers who will submit a recommendation.

Science Teacher _____

_____ Teacher#2 _____

_____ Teacher#3 _____



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APPLICATION STATEMENTS

Applicant

If I, _____ am accepted into the High School
(Print your name)

Internship Program, I agree to follow Rush University Medical Center/SAME Network policies and procedures. I understand I will be expected to be in attendance for program activities a minimum of 130 contact hours annually.

Applicant's Signature _____ Date _____

Parent/Guardian

I, _____ grant permission for
(Print your name)

my child, _____ to participate in High School
(Print applicant's name)

Internship Program. I agree to provide support for my child and participate in two (2) family events annually.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian Information

Name

Last name *First name* *Middle Initial*

Relationship Mother Father Legal Guardian

Address

Number and Street *Apt. #*

City *State* *Zip/Postal Code*

Home Phone (_____) Cellular Phone (_____)

Area Code *Area Code*

Employer _____ Work Phone (_____)

Area Code

Employer Address

Number and Street *Apt. #*

City *State* *Zip/Postal Code*

Email _____ @ _____

Name

Last name *First name* *Middle Initial*

Relationship Mother Father Legal Guardian

Address

Number and Street *Apt. #*

City *State* *Zip/Postal Code*

Home Phone (_____) Cellular Phone (_____)

Area Code *Area Code*

Employer _____ Work Phone (_____)

Area Code

Employer Address

Number and Street *Apt. #*

City *State* *Zip/Postal Code*

Email _____ @ _____

Emergency Contact Information

Emergency Contacts will be called if a Parent/Guardian is unavailable. By providing an Emergency Contact, you are also authorizing your child to be released to listed individuals in the event of an emergency or non-emergency situation.

Emergency Contact #1

Name _____ Relationship _____

Last name, First name Middle Initial

Address _____

Number and Street Apt. #

City State Zip/Postal Code

Home Phone (_____) _____ Cellular Phone: (_____) _____

Area Code Area Code

Work Phone: (_____) _____

Area Code

Emergency Contact #2

Name _____ Relationship _____

Last name, First name Middle Initial

Address _____

Number and Street Apt. #

City State Zip/Postal Code

Home Phone (_____) _____ Cellular Phone: (_____) _____

Area Code Area Code

Work Phone (_____) _____

Area Code

Emergency Contact #3

Name _____ Relationship _____

Last name, First name Middle Initial

Address _____

Number and Street Apt. #

City State Zip/Postal Code

Home Phone (_____) _____ Cellular Phone: (_____) _____

Area Code Area Code

Work Phone (_____) _____

Area Code