

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

2006-2007

APPLICATION GUIDELINES

Program Overview

The SAME Network High School Internship Program, operated by the Department of Community Affairs at Rush University Medical Center offers students an opportunity to participate in learning activities, both in the classroom and in the field, throughout the year. 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.

In 2005, the SAME Network developed a new component of the High School Internship Program, designed for junior and senior high school students, in conjunction with Rush University Medical Center Engineering (MCE). Medical Center Engineering High School Interns work as assistants during the first shift, Monday thru Friday under the direct instruction of engineers from various shops: Plumbing, HVAC, Electrical, Electronics, Carpenter, Paint and Inventory. MCE High School Interns receive extensive hands-on training during the school year to boost reading, math, science and technology skills needed to enter the trades.

Applicant Qualifications

- ◇ Possess a strong desire to pursue a career in the trades
- ◇ Be a US citizen/permanent resident
- ◇ Enrolled as a 10th or 11th grade student in a CPS high school (at time of application); NOTE: All MCE High School Interns must be in the 11th or 12th grade to work
- ◇ Have a minimum grade average of "C" or better
- ◇ Demonstrate good skills and positive habits
- ◇ Capable of devoting 20-40 hours to program activities on a weekly basis during the first shift, Monday thru Friday

Application Process

- ◇ Mail or deliver all sections of the *SAME Network MCE High School Internship Program Application for 2006-2007* no later than **APRIL 2, 2007**.
 - Provide *Personal Information* requested
 - Briefly elaborate on all *Short Essays*
 - Submit copies of documents outlined in *Supplemental Information*
 - Submit three (3) original *Teacher Recommendation Forms* from (2) teachers and (1) administrator (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. Interviews will take place at Rush University Medical Center on **APRIL 13, 2007** from 9:00 a.m. – 4:00 p.m.
- ◇ Prior to becoming a MCE High School Intern, applicants must meet employment criteria Rush University Medical Center. Applicants will submit an employment application packet and be subject to a screening by a representative of Human Resources which includes but is not limited to a criminal background check and testing for illegal drug use.

Mail or deliver applications to: Mishawna S. Manning, 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 Mishawna S. Manning at 312-942-3016 or mishawna_s_manning@rush.edu.

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APPLICATION

DEADLINE: APRIL 2, 2007. PRINT IN BLUE OR BLACK INK ONLY.

Personal Information

Applicant _____
Last name First name Middle Initial

Birth date _____ Social Security number _____
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

Place of birth _____
City County State Country

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

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 either the tenth grade/earned a minimum of 5 units of credit or the eleventh grade/earned a minimum of 11 units of credit and have a "C" average/2.0 GPA, have excellent attendance and practice positive character traits. Attach a photocopy of your most recent grade report.

Teacher Recommendations

Submit a minimum of two (2) teacher recommendations from current teachers in your school and a minimum of (1) administrator using the *Teacher Recommendation Form*. NOTE: One of the teachers must teach a core-subject (English/Literature, Math, Science or Social Science/History). Submit the completed and signed *Teacher Recommendation Form* with your application. List the names of the teachers who will submit a recommendation.

Two teacher recommendations required. **NOTE:** One recommender must teach a core-subject (English/Literature, Math, Science or Social Science/History):

_____ Teacher#1 _____

_____ Teacher#2 _____

_____ Teacher#3 _____

One principal recommendation required:

_____ Administrator #1 _____

_____ Administrator #2 _____



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APPLICATION STATEMENTS

Applicant

If I, _____ am accepted into the MCE 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 work a minimum of 20-40 hours weekly.

Applicant's Signature _____ Date _____

Parent/Guardian

I, _____ grant permission for
(Print your name)

my child, _____ to participate in MCE 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