

Park Hill Professional Studies Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Phone: _____ Email _____

Home School: _____ Grade Level: _____ Counselor: _____

Internship

I am interested in the following class...

Education Services 2020 **Internship** **Health Sciences**

Please review the following program expectations prior to submitting your application:

- 1) 95 % attendance policy, students not meeting this expectation may be dropped from the program
- 2) Professional dress
- 3) *Internships may require time outside of school hours

What professional experience are you interested in:

What do you hope to learn and/or achieve during your internship:

Do you already have a connection with a professional where you can do your internship?
If so, please list their name and contact information:

Please list any extracurricular activity that you plan to participate in at school. Please indicate when they take place (fall, winter, spring).

References

Please list a teacher, counselor and/or personal reference. A minimum of one reference is required.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

