

WKU INSTITUTE FOR RURAL HEALTH

INTERNSHIP APPLICATION

LAST NAME

FIRST NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS

COLLEGE NAME

MAJOR COURSE OF STUDY

MASTER'S LEVEL

BACHELOR'S LEVEL

OVERALL GPA

MAJOR GPA

MAIN AREA OF INTEREST:

WHY ARE YOU INTERESTED IN WORKING WITH THE IRH?

IF REQUIRED, ARE YOU AVAILABLE TO WORK IN THE EVENINGS OR ON THE WEEKENDS?

YES

NO

DATE AVAILABLE:

NUMBER OF HOURS/WEEK:

NUMBER OF WEEKS:

TOTAL NUMBER OF HOURS:

PREFERRED TERM: FALL

WINTER

SPRING

SUMMER

YEAR:

COMPUTER SKILLS - INCLUDE PROGRAMS YOU ARE PROFICIENT IN:

OTHER SPECIAL SKILLS/TRAINING/ABILITIES:

WHAT ARE YOUR PROFESSIONAL OBJECTIVES FOR THIS INTERNSHIP?:

WHAT ARE YOUR FUTURE CAREER ASPIRATIONS?:

SOME LOCAL TRAVEL MAY BE REQUIRED. IF REQUIRED, CAN YOU PROVIDE YOUR OWN TRANSPORTATION TO AND FROM EVENTS?

YES NO

ACADEMIC ADVISOR'S NAME

TELEPHONE

ACADEMIC SUPERVISOR FOR PLACEMENT

TELEPHONE

HAVE YOU BEEN CONVICTED OF ANY CRIME, ADJUDICATED GUILTY OF ANY CRIME, OR PLEADED GUILTY TO ANY CRIME (INCLUDING TRAFFIC OFFENSES)?

YES NO

If yes, identify the crime for which you were convicted, the date of the conviction and the location of the county in which you were convicted. Conviction or adjudication of guilt of a crime will not automatically disqualify you from consideration for an internship, but will be considered as part of an overall evaluation of qualifications.

A PHOTOCOPY OF YOUR TRANSCRIPT MUST BE INCLUDED WITH THIS APPLICATION.

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentation above may disqualify me from an internship consideration and, if I am selected, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the Institute for Rural Health for which I am applying. This consent shall continue to be effective during my internship if I am selected. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE

DATE