



**HIGH SCHOOL INTERNSHIP PROGRAM
2024-2025 APPLICATION FOR ADMISSION**

STUDENT INFORMATION

First Name:

Last Name:

Birthdate:

Email Address:

Phone Number:

Street Address:

City, State, Zip Code:

School District:

PARENT(S)/GUARDIAN(S) INFORMATION

PARENT/GUARDIAN #1

First Name:

Last Name:

Email Address:

Phone Number:

PARENT/GUARDIAN #2

First Name:

Last Name:

Email Address:

Phone Number:



Please select the semester you plan to participate in the High School Internship Program (***choose only one***):

- Full Year (September-May)
- Fall Semester (September-January)
- Spring Semester (January-May)

What career(s), department(s), and/or patient population(s) are you most interested in?



APPLICATION DOCUMENTS

All application documents are to be submitted as attachments in one email sent to Casey.Fenoglio@towerhealth.org. The deadline to submit applications is Friday, February 2nd, 2023, by 11:59pm. Incomplete applications will not be considered.

- ✓ 2024-2025 Application for Admission Form
- ✓ One-Page Personal Statement – In one page or less, please address the following topics:
 - Why do you want to intern at Pottstown Hospital?
 - How does it fit into your personal goals now and your future education and career goals?
 - What do you hope to learn and/or what skills do you hope to gain during your internship?
- ✓ Resume or List of Academic, Extracurricular (e.g. honor societies, clubs, athletics, etc.), Volunteer, and/or Employment Activities
- ✓ Two (2) Letters of Recommendation
- ✓ Unofficial Transcript

ACKNOWLEDGEMENT

I understand that I am applying to be considered for admission into Pottstown Hospital's High School Internship Program. I understand that this is a commitment of responsibility, time, energy, and enthusiasm, and I will meet this commitment to the best of my abilities. I further understand that my participation in the internship, workshops, and other special projects is part of my commitment, and if I fail to meet participation guidelines, I will be asked to leave the program.

Student Signature: _____

I support my child in their application for Pottstown Hospital's High School Internship Program.

Parent/Guardian Signature: _____