



**HIGH SCHOOL INTERNSHIP PROGRAM  
2025-2026 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 [Megan.Forstburg@towerhealth.org](mailto:Megan.Forstburg@towerhealth.org). The deadline to submit applications is Friday, February 7<sup>th</sup>, 2025, by 11:59pm. Incomplete applications will not be considered.

- ✓ 2025-2026 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: \_\_\_\_\_