



# High School Summer Internship Program Application 2024

The information listed below will be used by the Ferrell Hospital Internship Committee and is strictly confidential. Attach additional sheets if necessary. Please type or print clearly.

Application Information:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

High school name: \_\_\_\_\_ Year in school: \_\_\_\_\_  
Year entering as of next school year

Parent/Legal Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Area of Interest for Summer Internship:

\_\_\_\_\_ Health Information    \_\_\_\_\_ Laboratory    \_\_\_\_\_ Nursing    \_\_\_\_\_ Pharmacy

\_\_\_\_\_ Physical Therapy    \_\_\_\_\_ Radiology    \_\_\_\_\_ Respiratory Therapy

\_\_\_\_\_ Other (write in other area of preference if it is not listed)

\*If interested in more than one area, please rank your first and second choices.

\*\*If interested in becoming a doctor, please mark nursing as your first choice.

Please state the reasons why you are interested in the Ferrell Hospital Internship Program. Discuss any health related projects or experience you have been involved with:

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List any extracurricular activities and/or scholastic honors:

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List any previous/current work experience, including job shadowing experience:

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Tell us how you learned about the Ferrell Hospital Summer Internship Program:

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**Please attach two recommendation letters from teachers, administrators, community members or healthcare professionals along with a resume and a copy of your high school transcript. This must be submitted together to complete your application. Please note that COVID vaccination proof or exemption is required.**

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Parent of Legal Guardian Signature/Date

**\*\*Application deadline is May 3, 2024\*\***

**Please submit your completed application packet to your Guidance office or send it in one of the following ways:**

**Mail it to the address listed below:**

**Ferrell Hospital**

Attn: Human Resources

1201 Pine Street

Eldorado, IL 62930

(618)297-9618

**Email it to: [humanresources@ferrellhospital.org](mailto:humanresources@ferrellhospital.org)**

**Or drop it off at the Information Desk at Ferrell Hospital.**