

Health Careers Program

2024 Summer Opportunities

Lowcountry Area Health Education Center (AHEC) is a non-profit organization that works with high school and college students to promote diversity in healthcare. We offer summer enrichment programs to expose students to the many opportunities available in healthcare. The application for the summer internship program is now available! To familiarize you with the details of this experience, please review the information below. To find out more details about our organization (specifically our Health Careers Programs) visit <u>www.lcahec.com</u>.

Internship Program Details

The internship program is an experience offered to underserved and underrepresented graduating high school seniors and college students interested in a health professions career. Once accepted, students are placed at a healthcare facility in the Lowcountry. Lowcountry participating counties include Colleton, Orangeburg, Allendale, and Hampton. Interns will observe a healthcare provider over the course of four weeks at most and present a power point presentation about their experience. This program begins approximately July 1st, 2024 and ends August 1st, 2024. Students are required to attend virtual mandatory meetings and may be required to attend meetings in Walterboro, SC. *Please be advised that some healthcare facilities may require that interns cover the cost of medical exams, background checks, etc. before beginning their experience*. In addition, some sites have additional paperwork. At the completion of this program, students will receive a **\$500 stipend** if all requirements are fulfilled.

Contact Information:

Please direct all inquiries to Jalacy Green Health Careers Program Coordinator or Tracey Wilson Administrative Assistant:

Jalacy Green HCP Coordinator Email: greenj@lcahec.com Phone: (843-782-5052)

> Application Submission Deadline: May 3rd, 2024 Application, Transcript, Essay, 2 Letters of Recommendation

Lowcountry Area Health Education Center 2024 SUMMER INTERNSHIP PROGRAM APPLICATION July 1st – August 1st

Eligibility:

Applicants are required to:

- 1. Be in good academic standing.
- 2. Demonstrate a sincere interest in a specified healthcare field.
- 3. Understand that **ALL** internship sites will be located in the following counties included in the Lowcountry AHEC's region. (Charleston, Colleton, Orangeburg, Allendale, and Hampton Counties)
- 4. Understand that the application process for the AHEC Summer Program is competitive. Submission of this application **does not** guarantee acceptance into the Regional Internship Program.
- 5. Understand that you may incur **additional fees** by a healthcare facility if accepted as an intern.
- 6. Be a graduating high school senior or undergraduate student.
- 7. Provide transportation to/from internship placement site and possibly AHEC office in Walterboro, SC for meetings if accepted.

Directions:

- Applications must be TYPED OR PRINTED IN BLUE OR BLACK INK.
- DEADLINE: ALL applications must be postmarked by May 3rd, 2024.
- Completed applications must include:
- An OFFICIAL copy of all undergraduate transcripts. This document must be supplied by the registrar of your academic institution.
- TWO completed recommendation forms (one form must be completed by a mentor/counselor/clergyman and the second form must be completed by an adult who is familiar with your academic work and character) Recommendations are NOT accepted from family members. Each recommendation form must be enclosed in a sealed envelope by the recommender.

ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

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	Duntry Area He SUMMER INTERNSHI July 1 st –					
 Are you considering taking a summer school course? YES DO Are you planning to maintain (or apply for) employment this summer? YES NO 						
 Placement Details: 						
 Indicate you Charleston (MI) 		d or 4 th) of the following mpton Allendale	counties below			
4. Does AHEC have publications? □ N	permission to use your quotes YES □ NO	or photographs for its v	vebsite, brochures, or other			
DEMOGRAPHIC INFO	RMATION:					
1. Name						
Last	First	Middle				
2. Home Address						
2. HUITE AUULESS						
2. 110111E Address	Number	Street Name				
City	Number State	Street Name Zip	County			
City 3. Is your home address t		Zip ress? 🗆 YES 🗆 NO	County			
City 3. Is your home address t If no, please provide your	State the same as your mailing add r correct mailing address belo	Zip ress? 🗆 YES 🗆 NO w.				
City 3. Is your home address t If no, please provide your	State the same as your mailing add	Zip ress? 🗆 YES 🗆 NO w.				
City 3. Is your home address t If no, please provide your	State the same as your mailing add r correct mailing address belo	Zip ress? 🗆 YES 🗆 NO w.				
City 3. Is your home address t If no, please provide your Mailing Address P.C City	State the same as your mailing add r correct mailing address belo D. Box State	Zip ress? 🗆 YES 🗆 NO w. Zij	, D			
City 3. Is your home address t If no, please provide your Mailing Address P.C City	State the same as your mailing add r correct mailing address belo D. Box State Birth Place of Birt	Zip ress? 🗆 YES 🗆 NO w. Zij	, D			
City 3. Is your home address t If no, please provide your Mailing Address P.C City 4. AgeDate of E 5. Gender:	State the same as your mailing add r correct mailing address belo D. Box State Birth Place of Birt	Zip ress? YES NO w. Zij th City/County Sta				

Email Address:								
7. Ethnicity: Hispanic/Latino Yes □ No □								
8. Race								
American Indian or Alaskan Native Black								
□ Asian □ White								
□ Native Hawaiian or another Pacific Islander □ Other								
ACADEMIC INFORMATION:								
1. School Name:								
2. School Mailing Address:								
	City	State	Zip	County				
 3. Current High School <u>Only</u> Classification: 12th (accepting only graduating high school seniors) Guidance Counselor's 								
	lame: are you currently receivin	g Free or Redu	iced lunch?	□ YES □ NO				
 4. Current College Students <u>Only</u>-Classification: □ Freshman □ Sophomore □ Junior □ Senior College School NameHS Grad Year: Major: Minor/Concentration: Exp Grad Year: 								
5. First day of Class for 20								
6. If Applicable, list all educ								
Name of School	Location	Grad	luation Date	Degree Earned				

7. List any honors/distinctions received	d for scholastic achievements:
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8. List any extracurricular and/or community service activities (EXCLUDING jobs held during your high school/college years). *Please include any AHEC activities.*

WORK EXPERIENCE:

List any jobs (including summer employment) you have held in the past two years.

Position	Employer	Dates of Employment	Hrs./week
		to	
		to	

ESSAY:

Using a separate sheet of paper, **<u>type</u>** a brief essay which addresses the writing prompt below:

Describe your plans for becoming a healthcare professional. Please include details on academic coursework, extracurricular activities, and enrichment opportunities (ex: internships, summer programs, Volunteer Opportunities etc.)

Your Essay must be:

- 1 page
- 12 pt. font
- Double spaced

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