

INTERNSHIP APPLICATION- SUMMER HEALTHCARE PREVIEW FOR HIGH SCHOOL STUDENTS

Please note: Complete this application and return it to Maple Springs of Wasilla, 3265 E. Meridian Park Loop, Wasilla, AK 99645 or email it to emily@maplespringsliving.com. Please remember to complete all sections of this application and send it with your transcript, resume, and essay described below. Please also verify with your teacher, coach, or supervisor that your letter of recommendation has been emailed directly to Emily Palenske at emily@maplespringsliving.com. Thank you for your interest!

1. Contact Information

Name (Last, First, Middle):		Date:	
Street Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email address:	
Are you less than 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how old will you be on June 6, 2022?		Expected date of high school graduation:	

2. Education

List the schools you have attended, beginning with your most recent.

Name of School	Location	Dates Attended	Years completed (as of June 6, 2022)

3. Previous Internships and Employment

Provide a list of previous employers. Please include all paid and unpaid positions in the order they occurred and continue list on separate sheet of paper if necessary. Previous supervisors make excellent references.

Internship or Employer	Address	Dates of Employment	Position Held
Name:	Address:	From: To:	Title:
Duties Performed:			Contact as Reference (Y / N)
Name:	Address:	From: To:	Title:
Duties Performed:			Contact as Reference (Y / N)

4. Relevant Coursework

Provide a copy of your cumulative course and grade list as an attachment. Please include courses you will have completed by summer of 2022 (unofficial transcripts are fine).

5. Career Goals

Please use the following box to describe 1) your future career goals, 2) how you feel an internship with Maple Springs will help you achieve those goals, and 3) how you think you can be an asset to Maple Springs.

6. Availability

Maple Springs' Summer Healthcare Preview for High School Students will run from June 6 – July 28, Mondays – Thursdays from 8:00am – 2:00pm. If you are not available to attend the full program, please indicate the dates, days and times you are NOT available:

7. References

Please make sure you have answered Y (Yes) or N (No) to whether we can contact your former employer(s) in section 3. In addition, please include at least two letters of recommendation, preferably from a supervisor, teacher or coach.

8. Previous Convictions

Have you ever been convicted of a barrier crime or convicted of a crime other than a minor traffic violation?
 Yes No If yes, please explain:

11. Application Verification

**THIS FORM IS NOT VALID WITHOUT YOUR SIGNATURE. PLEASE READ BEFORE SIGNING:
 The statements above are true to the best of my knowledge.**

Signature:	Date:
Parent or Guardian Signature:	Date:

**LETTER OF RECOMMENDATION -
SUMMER HEALTHCARE PREVIEW FOR HIGH SCHOOL STUDENTS**

_____ has applied to participate in the Summer Healthcare Preview Internship
(Name of student)

with Maple Springs this year. Please help us get to know this student better by describing what you know about the kind of person they are, their work ethic, how you think they might benefit from an internship with Maple Springs, and how Maple Springs might benefit from working with them.



Name:	Title:
Signature:	Date:

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