

**AHS MENTORSHIP PROGRAM APPLICATION FORM**

Application for:       Internship (In office)       Medical Shadowing  
(Please refer to Application Guidelines.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender (optional)    F    M

Please list all languages that you are able to speak and/or read/write:

English    Korean    Chinese    Filipino    Indian    Japanese

Other \_\_\_\_\_ Fluency (i.e Beginner, Proficient): \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

School Name and Address \_\_\_\_\_

Grade Level \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Reference 1: Name \_\_\_\_\_ Phone \_\_\_\_\_

Reference 2: Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about the AHS Internship and Mentoring Program? \_\_\_\_\_

Why do you want to intern with Asian Health Services? (Use space below or attach cover letter.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Name (Print) / Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**AHS MENTORSHIP PROGRAM**

**APPLICATION GUIDELINES**

1. The AHS Mentorship Program is open to junior and senior level high school students, as well as college students of any level. Students must be in "good standing" at the time of submitting their application.
2. There are two tracks under the AHS Mentorship Program: Internship and Medical Shadowing.
  - a. **Internship** refers to a mostly in-office setting, where students will work on various projects including research, grant writing support, marketing support, and event planning and staffing.
  - b. **Medical Shadowing** provides college students with the opportunity to closely observe ("shadow") one of our on-staff physicians to learn about the field of work, as well as the hospital/health care work setting. (Program not available to high school students.)
3. A completed application must be received by the designated deadline. A complete application consists of:
  - a. The application form
  - b. Cover letter
  - c. Resume
  - d. Two letters of recommendation. One of the recommendations must be from the school (i.e. Teacher, Guidance Counselor, Principal).
4. The deadline to apply for the 2018 Summer AHS Mentorship Program is January 31, 2018.
5. Applications may be sent by mail or email to:

Vicki (Won Hee) Park  
Director of Community Programs and Philanthropic Development  
Asian Health Services  
Holy Name Medical Center  
718 Teaneck Road  
Teaneck, NJ 07666  
Email: [ahsmentorship@holyname.org](mailto:ahsmentorship@holyname.org)

**THANK YOU.**