



AHS MENTORSHIP PROGRAM APPLICATION GUIDELINES

AHS Mentorship Program Description:

- There are two pathways in the Mentorship Program. The applicant may apply to either Internship or Medical Shadowing.
- The internship pathway will allow students to gain various non-clinical experiences in the healthcare setting. Successful applicants will take part in conducting healthcare related research, designing community programs and events, and assisting in developmental procedures of Asian Health Services.
- The medical shadowing pathway will give students exposure to direct clinical experience by shadowing physicians. Successful applicants will have the opportunity to experience the day to day lives of physicians, observe procedures in the operating room, and learn how different medical specialties work together to ensure the patient's health.
- The mentorship program will take place in the summer of 2019 from mid-June to mid-August. Expected schedule is 6-7 hours a day, 4 days a week for 4 weeks per participant.

Eligibility: The applicant must be enrolled in high school or college at the time of submission. Post-baccalaureate candidates will be considered case by case.

Application Requirements:

- AHS Mentorship Program Application Form
- Essays
- Resume
- Letters of recommendation (2)

Essay:

- 1) Please describe your motivation for applying to AHS mentorship program. (500 words)
- 2) Please describe your interest in the specific program. (300 words)



Letter of Recommendation:

- Required: one letter of recommendation from a school faculty and one letter of recommendation from your mentors, coaches, or others that you feel appropriate in support of your application.
- When submitting letters, please have the writer submit via email with subject as "LastNameofApplicant_FirstNameofApplicant_LOR"

Health Compliance: The applicant must comply with hospital policy and procedure for health requirements such as flu vaccination, up-to-date tuberculosis record, and immunization record.

Important Dates:

- Application Deadline: 11:59 PM EST, March 15th.

Submission:

All required material must be submitted before the deadline in a single pdf document via email to this address: ahsmentorship@holyname.org with email subject as "LastName_FirstName_MentorshipApplication"

We consider applications and release decisions on a rolling basis.



2019 AHS MENTORSHIP PROGRAM APPLICATION FORM

Application for: Internship Medical Shadowing

First Name _____ Last Name _____

Gender (optional) F M

Please indicate if you speak any language other than English:

Language and level of fluency _____

Phone _____ Email _____

Address _____ City _____ State ____ Zip _____

School Name and Address _____

Grade Level _____ Expected Date of Graduation _____

How did you hear about the AHS Mentorship Program? _____

Signed

Parent's Name and Signature (For Minors)

Date

Date

Checklist:

Application Form Essays Letters of Recommendation Resume