



Thank you for your interest in the Cogdell Memorial Hospital Summer Internship Program! The Summer Internship Program is an educational summer program that provides high school age students with unique and exciting opportunities to explore the world of medical training and practice.

Application

Applications must be submitted with an essay and two (2) internship recommendation forms. Please type or print neatly with black or blue ink only. **Incomplete or late applications will not be reviewed.**

Your Checklist

- Application
- Student Essay (include your name at the top) – Two pages on why you want to participate in the program, including why you’ve chosen your area of interest and what you hope to contribute. (See list of Clinical Professions. We make every effort to match interns with their specialty of greatest interest.)
- Background Information Sheet or Resume (include your name at the top)
- Internship Recommendations (in a **sealed envelope** with **reference’s signature across the seal** - may NOT be sent separately). Include one personal reference and one reference from an educator.

Deliver in person to the Human Resources office no later than May 3, 2024. Mailed applications must be postmarked by April 29, 2024. Our address is:

Cogdell Memorial Hospital
Attention: Human Resources – Summer
Internship Program
1700 Cogdell Boulevard
Snyder, TX 79549

Acceptance

SIP is for students who have an interest in pursuing a career in healthcare. Highly motivated and enthusiastic students who will be between 17-19 years old in June 2024 are eligible to apply. Eligibility does not guarantee acceptance to the program. SIP Students are accepted with the following key application criteria in mind: *Short answer & essay responses; enthusiasm for healthcare; academic success; extracurricular involvement and service; academic recommendation.* Letters of acceptance will be sent via email to both the student and their parent by **May 31, 2024**. Details and instructions will be included in acceptance letters.

Internship Pay

Internship pay is \$1000.00. Amount will be divided over two bi-weekly payments.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]

Cogdell Memorial Hospital, 1700 Cogdell Boulevard, Snyder, TX 79549
Phone: 325-573-6374 ext. 7182



2024 Summer Program Application

Part II: Student Information (completed by Student)

Full Name:	(First) _____	(Last) _____	
Preferred Name:	_____	Gender: Male	Female
Date of Birth:	_____	Age:	_____
High School:	_____	(Zip Code) _____	Grade: _____
Home Address:	_____		
City	_____	State: _____	Zip Code: _____
Cell Phone:	_____	Alternate Cell or Home Phone: _____	
Email:	_____		
Non-school Email:	_____		

Part II: Parent/Guardian Information (completed by Parent/Guardian)

Full Name:	_____		
Relationship:	_____		
Cell Phone:	_____	Alternate Cell Phone or Home Phone: _____	
Email:	_____		
Are you an employee of Cogdell Memorial Hospital? Yes _____ No _____			
If yes, which department? _____			

Part III: Background Information

<p>1. Please attach a resume or brief listing of your extracurricular, volunteer, employment, and community service experiences (including roles, responsibilities, and dates/length of time of commitment), as well as any awards or honors that you have received during high school.</p>
<p>2. Please indicate your most current <u>un-weighted GPA</u> from the current academic year: GPA _____</p>
<p>3. Do you plan on attending a 2- or 4-year college/university or technical school to pursue a career in healthcare? Yes _____ No _____</p>
<p>5. How did you learn about the Summer Internship Program (please check all that apply)? School ___ Friend/Family _____ Cogdell Employee _____</p>

Part V: Essay

Please write a two page essay describing the field you've chosen and why. Describe what you hope to contribute. Additionally, if this is your passion, why? What about healthcare draws you? Be specific. **Ensure to answer all prompts.**

Part IV: Acknowledgment

I have read and understand the information about the Cogdell Memorial Hospital's Summer Internship Program being held **June 10 – July 12, 2024** or July 15, 2024 – August 16, 2024. In submitting my application, I commit to meeting the expectations of the program including availability, effort, and responsibility. I understand that my application is not complete without **BOTH** my signature **and** my parent/guardian's signature. **I also understand that if I am accepted into the program, I will need to show proof a recent negative Tuberculosis screening prior to the program start date. I may be required to wear a mask per Cogdell Memorial Hospital's universal mask policy. I will also follow all public health directives while on the hospital campus. I am not signing for my parent/guardian.**

Signature of Student:

Date:

Signature of Parent/Guardian:

Date

FOR OFFICE USE ONLY:

- Application
- Essay Responses
- Background Information Sheet or Resume
- Academic Recommendation
- Date Received: _____
- Applicant approved
- Applicant rejected Reason: _____
- Date applicant notified _____
-

Laboratory: Medical Technologist, Phlebotomist

Nursing:

- Medical/Surgical - Aide, L.V.N., R.N.
- Labor & Delivery – L.V.N., R.N.
- Emergency Room – ER Tech, L.V.N., R.N.
- Family Clinic – Medical Assistant, L.V.N.
- Home Health Agency – Aide, L.V.N., R.N.
- Orthopedic Clinic – Medical Assistant, L.V.N.
- Surgical Services – Surgical Technologist, L.V.N., R.N.
- Advanced Practice Nurse - Anesthetist
- Advanced Practice Nurse- Family Practitioner

Pharmacy: Pharmacist/Pharmacy Tech

Physician: Family Practice, Orthopedics

Physician Assistant: Family Practice, Orthopedics

Radiology:

- Radiology Tech
- Ultrasound Tech
- MRI Tech

Rehab: Physical Therapist, Speech Therapist, Occupational Therapist

Respiratory Therapy: Respiratory Therapist

Social Service: Social Services Worker