

Student Summer Internship Application

Name: _____ **Preferred Name:** _____

Phone number (cell): _____

Home address: _____

Email address: _____

Name of School: _____

City, State of School: _____

Graduation Date: _____

Major: _____

Current overall GPA: _____

Top 3 Preferred Departments: _____

Have you previously applied for this internship? If so, when?

*Application must be submitted to academicaffairs@towerhealth.org with a personal statement, resume, and transcripts attached

*Documents will not be accepted after the deadline