**📣 Spots are Limited. Do not delay!**

**Healthcare Internship Program Application**

Personal Information

Full Name: Preferred First Name:

Address: Email:

Mobile Phone:

Junior or Senior: School Attending:

Prior Work Experience

(Please list Employer, Position, Dates of Employment, Supervisor Name and Phone)

Explain Your Interest in this Internship Opportunity

Do you have an interest in a particular healthcare area (e.g., pediatrics, oncology, radiology, pharmacy, etc.)

Or would you be interested in a broad exposure to the various areas within the hospital?

Are you able to work 40 hours per week during the Summer of 2025 for 8 weeks? Explain any exceptions.

What are your plans following Graduation?

All information submitted will be held in strict confidence.

For questions, please email [oxfordrotary1965@gmail.com](mailto:oxfordrotary1965@gmail.com)

**Application Deadline: Before Midnight on Friday, March 21, 2025**