

HEALTH SCIENCE INTERNSHIP PROGRAM DATA

Name: _____

Home School: _____

Are you employed? _____ If so, where? _____

GPA _____ ACT _____

How many days were you absent this school year? Circle One:

0 – 5 days 6-10 days >10 days

How many were excused? _____ How many tardies this school year? _____

Do you have a discipline record (Grades 9 – 11)? Yes No

Have you paid your fees for Health Science this year? Yes No

Cost of Health Science Internship is \$80.00.

Do you have your own transportation to get to clinicals? Yes No

Do you have a driver's license? Yes No

Do you have car insurance? Yes No

Do you have health insurance? Yes No

- On the back of this form, please describe what you hope to gain from the Health Science Internship class and what you can contribute to this class.
- List 2 alternative elective classes to be removed if chosen for Internship:

○ _____

○ _____