



**PATHWAYS COLLEGE INTERNSHIP PROGRAM
APPLICATION FORM**

First Name: _____ Last Name: _____

Email Address: _____ Birthdate: _____

Street Address: _____

City, State, ZIP Code: _____

College/University: _____

Anticipated Graduation Year: _____ GPA: _____

Major(s): _____

Minor(s): _____

Please select the internship role you are applying for:

Health Equity in Healthcare Street Medicine DEI Unit Support Clerk Soft Landings

Please select the semester you are applying to participate in the Internship:

Semester	Application Deadline	Select One
Fall Semester (August-December)	May 31	
Spring Semester (January-May)	October 31	
Summer Semester (June-August)	March 31	

Will you be receiving academic credit for participation in the Internship?

Yes

No

If receiving credit:

- How many Internship hours are you required to complete? _____
- Are there any additional requirements (e.g., presentation, research paper, etc.)? _____

Yes, Explain: _____ No

Using the table below, please create your anticipated Internship schedule, considering your academic, extracurricular, and personal schedules. *Please note: Normal business hours are between 8am-5pm. Flexible hours may be offered on a case-by-case basis.*

Day of Week	Start Time	End Time
EXAMPLE:	8am	1pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



PATHWAYS COLLEGE INTERNSHIP PROGRAM REFERENCE FORM

Please provide contact information for a minimum of 2 (maximum of 4) references. References may be contacted to complete a brief survey. Acceptable references include current and/or previous managers, supervisors, professors, co-workers, volunteer coordinators, etc. Relatives and friends will not be accepted as a reference.

Reference 1

Name: _____

Company/Org Name: _____

Title: _____

Email: _____

Relationship to Candidate: _____

Reference 2

Name: _____

Company/Org Name: _____

Title: _____

Email: _____

Relationship to Candidate: _____

Reference 3

Name: _____

Company/Org Name: _____

Title: _____

Email: _____

Relationship to Candidate: _____

Reference 4

Name: _____

Company/Org Name: _____

Title: _____

Email: _____

Relationship to Candidate: _____

PATHWAYS COLLEGE INTERNSHIP PROGRAM APPLICATION PROCESS AND ACKNOWLEDGEMENT

All application documents are to be submitted as attachments in one email sent to Pathways@towerhealth.org. Incomplete applications will not be considered. Cloud-based documents (e.g., Google Docs) cannot be accessed via Hospital servers and will not be accepted.

Application documents include:

- ✓ Application Form (page 1)
- ✓ Reference Form (page 2)
- ✓ Acknowledgement (page 3)
- ✓ Resume
- ✓ Personal Statement – In one page or less, please address the following topics:
 - Short personal introduction
 - Why do you want to intern at Reading Hospital?
 - How does the Internship fit into current and future educational, career, and/or personal goals?
 - What do you hope to learn and/or what skills do you hope to gain through participation in the Internship?

After a completed application is received and reviewed, the Pathways Program Coordinator will reach out to schedule a 20 to 30-minute interview.

ACKNOWLEDGEMENT

I understand that I am applying to be considered for admission into Reading Hospital's Pathways College Internship Program. I understand that this is a commitment of responsibility, time, energy, and enthusiasm. I will meet this commitment to the best of my abilities. I further understand that my participation in the Internship is part of my commitment, and if I fail to meet participation guidelines, I will be asked to leave the program.

Student Signature: _____