Reading Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.

2026-2027 HIGH SCHOOL INTERNSHIP PROGRAM

APPLICATION FOR ADMISSION

STUDENT INFORMATION

First Name: Last Name:

Birthdate:

Email Address: Phone Number:

Street Address:

City, State, Zip Code:

School District:

Please check if you attend any of the technical schools below:

☐ RMCTC ☐ BCTC ☐ N/A

PARENT(S)/GUARDIAN(S) INFORMATION

PARENT/GUARDIAN #1

First Name: Last Name:

Email Address: Phone Number:

PARENT/GUARDIAN #2

First Name: Last Name:

Email Address: Phone Number:

Please select the semester you plan to participate in the High School Internship Program ***(choose only one):***

☐ Full Year (September-May)
☐ Fall Semester (September-January)
☐ Spring Semester (January-May)

Which career(s), department(s), and/or patient population(s) do you have interest in?

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APPLICATION DOCUMENTS

All application documents are to be submitted as attachments in one email sent to Pathways@towerhealth.org. The deadline to submit applications is Friday, January 9, 2026, by 11:59pm. Applications sent via cloud-based platforms (e.g., Google Docs) and incomplete applications will not be accepted.

- ✓ 2026-2027 Application for Admission Form
- ✓ One-Page Personal Statement – In one page or less, please address the following topics:
  - Why do you want to intern at Reading Hospital?
  - How does it fit into your personal goals now and your future education and career goals?
  - What do you hope to learn and/or what skills do you hope to gain during your internship?
- ✓ Resume or List of Academic, Extracurricular (e.g., honor societies, clubs, athletics, etc.), Volunteer, and/or Employment Activities
- ✓ Two (2) Letters of Recommendation
- ✓ Unofficial Transcript

ACKNOWLEDGEMENT

I understand that I am applying to be considered for admission into Reading Hospital's High School Internship Program. I understand that this is a commitment of responsibility, time, energy, and enthusiasm, and I will meet this commitment to the best of my abilities. I further understand that my participation in the internship, workshops, and other special projects is part of my commitment, and if I fail to meet participation guidelines, I will be asked to leave the program. I understand that, in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Student Signature: _____

I support my child in their application for Reading Hospital's High School Internship Program.

Parent/Guardian Signature: _____