



SUMMER INTERNSHIP PROGRAM APPLICATION

Name: _____

School Address: _____

City _____ State: _____ Zip: _____ Tel: _____

Permanent Address: _____

City _____ State: _____ Zip: _____ Tel: _____

Email Address: _____

High School: _____ H.S. GPA: _____

College/University: _____ C/U GPA: _____

Major: _____ Year: _____

Application Requirements

Please include the following with this application submission:

- High school transcripts
- All college grades to date
- One letter of recommendation from a previous employer
- Additional letters of recommendation are optional.
- A statement regarding your interest in a career in the medical profession. Include why you are interested in a career in health care, what type of health care professional you want to be, why you think you are qualified for our internship program, and how it will help you decide if a career in health care is right for you.

Interview

In addition to the above application, a personal interview is required of selected applicants. We will contact you to schedule an interview so that it can fit into any school breaks that you may have when you are in the Oakland area.

Cost

Cost of the 6-week program is \$500, which is payable upon selection as an intern. Ask about scholarships, which may be available based on student need.

Please send all information to arrive by June 1, 2018, to:

Jackson Orthopedic Foundation
Attn: Intern Program Coordinator
3317 Elm Street, #201
Oakland, CA 94609
info@jacksonortho.org
510.238.4851