

PRE-MEDICAL SUMMER INTERNSHIP

Blessing Hospital is pleased to announce that during the summer of 2008 we will offer a paid internship opportunity to a limited number of undergraduate students considering a career in medicine.

Applicants are expected to have completed their junior year and received a basic grounding in the sciences. Acceptance is highly competitive and is based primarily on students' potential for success in medical school as demonstrated by prior academic performance, awards, activities, etc. Preference is given to those who live in the geographic region served by Blessing Hospital and those with one year of undergraduate studies remaining.

The internship gives students a broad exposure to clinical activities, offers the challenge of completing work related projects and allows time for follow-up observation in areas of interest. Interns interact with members of the Hospital's medical staff. Stipends, underwritten by a grant from The Blessing Foundation, are paid at the rate of \$10.00/hour. The program lasts 8 weeks and the projected start date is May 19, 2008.

Applications are available from your department chair, pre-medical advisor, or from rmerrick@blessinghospital.com and must be submitted along with a current transcript of grades by February 1, 2008. All materials should be sent electronically to:

rmerrick@blessinghospital.com

Pre-Med Internship Program
Robert E. Merrick, M.D.,
Medical Director Quality Management
Blessing Hospital
Broadway at 11th Street
P.O. Box 7005
Quincy, IL 62305-7005



BLESSING HOSPITAL

Medical Internship Application Form

Applicants must supply a copy of their current transcript with this application

Last name: _____

First name: _____ Middle Initial: _____

Mail Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ phone number _____

Current College/University: _____

City: _____ State: _____ Zip Code: _____

Year: Junior Senior

Major(s): _____

Anticipated graduate date – Month: _____ Year: _____

Cumulative GPA: _____

Previous College of University: _____

Dates of attendance: _____

Reason for leaving: _____

Cumulative GPA: _____

High school attended: _____

Location: _____ Year of graduation: _____

(more)

page 2 Blessing Hospital Medical Internship Form

Describe any areas or fields of special academic interest: _____

List your experiences, both academic and applied, in the laboratory sciences: _____

Describe your computer skills and literacy: _____

Describe any special talents or areas of knowledge you possess: _____

List all academic honors and awards you have received in high school and college:

List your college activities: _____

Prior work history and experience: _____

List the names, addresses and phone numbers of three references **not related** to you:

Reference #1 name: _____

Address: _____

Phone number: _____

Reference #2 name: _____

Address: _____

Phone number: _____

(more)

page 3 Blessing Hospital Medical Internship Application Form

Reference #3 name: _____

Address: _____

Phone number: _____

Explain any issues or concerns that might prevent you from participating in Blessing Hospital's Pre-Medical Internship program: _____

Please attach additional pages as necessary for completion of the following sections.

What are your career goals? _____

What makes you a good candidate for this internship? _____

What do you expect to gain from this summer internship experience? _____

What contributions do you feel you could make to the work of the Hospital? _____

Your name: _____

Today's date: _____

Please submit your application electronically.

--end--