

# MLK Community Healthcare Career Fellows Program



High School Summer Internship 2025 Application  
Deadline: April 25, 2025

## Application Material Checklist:

☐ **Original application**

☐ **Unofficial school transcript**

☐ **Personal statement**

Type 400 word (min) – 500 word (max) essay addressing the following:

- ☐ Interest in healthcare
- ☐ Career goals
- ☐ In your opinion, what would better the health of your community?
- ☐ Your expectations of this summer program

☐ **Two letters of recommendation**

Recommendation options: science teacher, math teacher, school principal, school counselor, or a community leader (e.g., your pastor or work supervisor).

Make sure that your application and supporting materials are complete. **Place a check in each of the 4 boxes when completed. Incomplete applications will not be reviewed.**

## Student Information

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Student Status

Are you currently enrolled in school?    Yes        No

High School: \_\_\_\_\_

Current grade level: \_\_\_\_\_

Grade point average (GPA): \_\_\_\_\_

## Employment (Please fill out if currently working)

Are you currently employed?    Yes        No

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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## **RETURN APPLICATION**

Submit all application materials in one file by April 25, 2025. Email all application materials to the Career Fellows Program:

**[careerfellows@mlkch.org](mailto:careerfellows@mlkch.org)**

## **Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **Letters of Recommendation**

Name, email address and telephone number of references (people that will write a recommendation letter on your behalf - **letters from relatives are not accepted**)

### **Reference 1**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Years Known: \_\_\_\_\_

### **Reference 2**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Years Known: \_\_\_\_\_

Review application material checklist on the left column of the first page. Incomplete applications will not be reviewed.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**