



## SHADOW PROGRAM APPLICATION

This program is a six-week summer internship in a health care provision site the third Link in the high school training segment. It also requires that students participate in a number of Community Volunteer Services and Health Advocacy during their senior academic year.

**DUE DATE: March 1<sup>st</sup> of each year.**

**Please complete all areas. Incomplete applications will not be considered.**

Today's Date: \_\_\_\_\_

### PART I - APPLICANT INFORMATION

Name: (Last, First, MI) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Race/Ethnicity \_\_\_\_\_

#### PERMANENT ADDRESS

Street or P.O. Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### CONTACT NUMBERS

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

#### FAMILY INFORMATION

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home/Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Home/Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

No. of Persons living in Household \_\_\_\_\_

Guardian Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Home/Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

*Funding for this program was made possible by 1P20MD0002314-04 from the National Center on Minority Health and Health Disparities. The views expressed in written materials or publications and by program coordinators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention by trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

**Part II – EDUCATIONAL BACKGROUND**

School currently attending: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Classification: \_\_\_\_\_ Major: \_\_\_\_\_ Favorite Course: \_\_\_\_\_

School planning to attend: \_\_\_\_\_ Major: \_\_\_\_\_

List any honors or awards you have received: \_\_\_\_\_  
\_\_\_\_\_

List of organizations and extracurricular activities in which you are involved:  
\_\_\_\_\_  
\_\_\_\_\_

List any job held or holding: \_\_\_\_\_  
\_\_\_\_\_

**Part III - PERSONAL STATEMENT:** Please write short statements/answers describing the following:

**Have your plans after High School changed since last year’s program? (If so explain)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please include the following with your completed application:*

- ***A copy of your resume***
- ***An official transcript***
- ***A letter of recommendation from one of your teachers***
- ***A letter of community/public service*** (Typed on letterhead; include area and length of service)

**Signature**

**Date**

***USA Center for Healthy Communities, Center of Excellence  
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