

## Checklist for Applicant

### **\*\*Do NOT include this sheet with your completed application\*\***

- This application form has two pages. Please be certain you turn in both of them, along with the other required documents: statement, transcript, test scores and letters of recommendation.
- PHOTOGRAPH: please staple a photo of yourself to the upper right corner of your application. Please write your name, in ink, on the back side of the photo.
- As part of a COMPLETE application, you will need to submit an official transcript from your high school. You should ask for this at least a week prior to the deadline.
- Include PLAN, ACT and/or SAT scores. They may be submitted as part of your transcript, or a copy of the report(s) may be submitted separately. *(It is understood that a sophomore may not have completed the ACT or SAT tests.)*
- Two letters of recommendation are required. Letters may come from anyone other than a family member. Adults who have worked with you in a supervisory/advisory position would be preferred—such as teachers, employers, ministers or mentors.
- As noted on the first page of the application, the application form should be HAND-WRITTEN in ink.
- DO NOT staple anything (except your photo). Clip or paper clip materials together. Sealed envelopes containing recommendation letters and/or your transcript are fine, and should be included at the back of your packet
- Instructions must be followed accurately to make certain that your application is considered. If you do not understand an instruction, please contact the Stillwater Medical Center Foundation at 405/742-5728 for guidance.

### Timeline of Events

- **April 5, 2012** – Written applications and all components due at Foundation office
- **April 17-18, 2012** – Up to three finalists for each intern position will be contacted to participate in a personal interview. Finalists will be contacted via phone. A letter regarding application status will go out to all student applicants.
- **April 25, 2012** – Finalist Interviews. The interview committee will deliberate immediately following the final interview. Scholarship recipients will be contacted by phone as soon as possible once a decision is made. All finalists will receive a letter regarding their status in the program.
- **May 2012** – Interns will meet with SMC Foundation staff to go over calendar and set dates for their program. SMC Foundation will work with each student individually, within reason, to meet requested days off from program for other curricular and family needs.

Stillwater Medical Center **Foundation**, Inc.  
**High School Internship Application**

Applications must be received in the Foundation Office by 5:00 p.m. Thursday, April 5, 2012.

I am applying for the following program(s):

\_\_\_\_\_ *The Rippy Fellow and the Franklin Fellow*: Open to students who are completing their *junior* year of high school. These fellowships can be awarded to students from Stillwater, Morrison, Glencoe, Yale, Perry, Perkins/Tryon, Mulhall-Orlando or Ripley.

\_\_\_\_\_ *The Breedlove Extern*: Students who are completing their *sophomore* year of high school are eligible to apply. This externship can be awarded to a student from Stillwater, Morrison, Glencoe, Perkins/Tryon, Yale, Perry, Mulhall-Orlando or Ripley.

**NOTE:** The complete application will be used as a basis for selection of the high school internship. The selection procedure and requirements are set forth in the endowment agreements for each award. The undersigned agrees to the terms of the program, and agrees to serve the entire six-week program, except in an emergency, in a diligent and cooperative manner.

**Complete this application in ink, in your own handwriting, and return to the SMC Foundation Office, SMC Annex Building, 604 S Walnut Street, Stillwater • 405/742-5728.**

Name \_\_\_\_\_  
Last First Middle Telephone

Address \_\_\_\_\_  
Street City State Zip Mobile Phone

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ \* E-mail \_\_\_\_\_

Name of High School \_\_\_\_\_ Current School Year Grade Level (*circle one*): 10 11

Name of Parents or Guardians \_\_\_\_\_

Daytime phone for parent/guardian (work and/or mobile) \_\_\_\_\_

Emergency Contact (name and phone) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

*\*Applicants must be 16 years of age by the start of the program*

**Please list courses taken during your most recent semester that are not reflected on the attached transcript:**

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

**Subjects you expect to complete over the next year:** \_\_\_\_\_

\_\_\_\_\_

List your most significant high school activities and honors:

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List your most significant extra curricular activities:

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Excluding your parents/guardian, name the individual/individuals that have influenced you most, and briefly explain how

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List any work experience:

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**Complete the following:**

1. On an attached sheet, answer the following question “Why are you interested in a healthcare career?”  
*(hand-written: no more than two pages total; or it can be typed, no more than one page total)*
2. Along with this application, please submit an official transcript from your school.
3. Submit PLAN, ACT and/or SAT scores. They can be included as part of your transcript, or a copy of the report(s) may be submitted separately. *(It is understood that a sophomore may not have completed the ACT or SAT tests.)*
4. Please staple a photograph of yourself to the front page of this application (wallet size is fine).
5. Two letters of recommendation are to be submitted. The letters may accompany the application, or be mailed separately to the SMC Foundation, PO Box 2408, Stillwater OK 74076. Letters must arrive by the deadline.

**AGREEMENT**

The applicant, along with parent or guardian, hereby agrees that if selected as the Rippey or Franklin Fellow, or Breedlove Extern, he/she will spend six (6) weeks during the summer as an observer and aide at Stillwater Medical Center, Stillwater, Oklahoma. The applicant further agrees that the officers, personnel, and employees of Stillwater Medical Center do not assume responsibility for the conduct, transportation, room and board, or healthcare of the Summer Scholar student(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Applicant’s Signature

\_\_\_\_\_ Parent or Guardian Signature