

2017 UNDERGRADUATE INTERNSHIP APPLICATION



GREATER NEW YORK HOSPITAL ASSOCIATION

SUMMER ENRICHMENT PROGRAM **SEP**

PROMOTING RACIAL AND ETHNIC DIVERSITY IN HEALTH CARE MANAGEMENT

UNDERGRADUATE FACT SHEET

ABOUT THE PROGRAM

The Summer Enrichment Program (SEP) is an internship designed to promote racial and ethnic diversity in health care management, and is supported by the Greater New York Hospital Association (GNYHA) and its members. The program is a 10-week internship during which interns are assigned to senior management staff at GNYHA member facilities to gain firsthand experience with the operations and management issues health care organizations face.

PURPOSE

The program seeks to promote racial and ethnic diversity in health care management. Members of minority groups are strongly encouraged to apply.

ELIGIBILITY

Applicants applying for this program must meet the following criteria:

- Classification for Fall 2017 must be a junior, senior, or a Spring 2017 graduate
- Must have a strong academic record of 3.0 or better on a 4.0 scale
- Must show a sincere interest in and commitment to a career in health care management
- Must demonstrate excellence in extracurricular and community service activities
- Must be a US citizen or hold a permanent resident visa

Only first-time participants will be considered for the program.

THE PROCESS

Phase 1: Completed applications are reviewed and candidates are selected for an interview with GNYHA.

Phase 2: Students who successfully complete the GNYHA interview are selected for a second round of interviews with our participating member institutions. Interviews at member institutions are based on the interest of the student and institutional project availability.

Phase 3: Students accepted by both GNYHA and the member institution are formally admitted into SEP.

Placement depends on which institutions participate in the program. Our members are located in New York City and the greater metropolitan area. GNYHA will also make an effort to choose a location that is convenient by car or public transit for the student.

Accepted students will attend a formal orientation from GNYHA at the start of the program. In addition to the program orientation, each student will individually work with their host institution to process the appropriate documents for their summer employment.

UNDERGRADUATE FACT SHEET

WHAT TO EXPECT

The project: Each intern's experience will be unique, but all interns will work on a project their host institution assigns to them for the duration of the summer. Interns will present their projects to GNYHA staff and hospital facilities at the end of the summer.

Mentorship and networking: Each intern will receive mentorship throughout the program by their preceptor and GNYHA. Interns will also have the opportunity to meet with various leaders in the health care industry through educational sessions at GNYHA and our trip to a health care leadership conference.

Paid internship: The internship is paid. The hourly wage, which will be at least minimum wage, is determined by the student's host institution. GNYHA **does not** play a role in determining summer wages.

Lodging: Interns are responsible for finding their own housing for the duration of the summer internship. GNYHA **does not** provide housing for interns.

COMMITMENT

Students must be available Monday through Friday, from 9:00 a.m. to 5:00 p.m. It is **mandatory** for students to attend the GNYHA orientation, educational sessions, and the group trip. GNYHA covers interns' travel costs for the trip.

DATE*	EVENT
MARCH 10, 2017	APPLICATION DEADLINE; APPLICATIONS MUST BE POSTMARKED BY THIS DATE
MARCH–APRIL 2017	IN-PERSON INTERVIEWS AT GNYHA & INTERNSHIP SITE
MAY 2017	MATCHING PROCESS COMPLETE (INTERNSHIPS ASSIGNED)
JUNE 5, 2017	PROGRAM BEGINS/HALF-DAY ORIENTATION AT GNYHA
JUNE–JULY 2017	TWO-DAY LEADERSHIP CONFERENCE; TWO-DAY EDUCATIONAL SERIES AT GNYHA
AUGUST 11, 2017	PROGRAM ENDS; FINAL PRESENTATIONS; CLOSING CEREMONY

* All dates are subject to modification.

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INSTRUCTIONS

Please complete this application by typing or printing legibly. If you need more space, please use additional sheets and identify each answer using the corresponding letters on the application. A resume or curriculum vitae is not an acceptable alternative to a complete application.

Please refer to the checklist at the back of this booklet to ensure that your application is complete.

The program seeks to promote diversity and inclusion in health care management. Members of minority communities are strongly encouraged to apply.

Submit your application to sep@gnyha.org or mail to:

Lina Osorio
Manager, Community Affairs and Diversity
Summer Enrichment Program
Greater New York Hospital Association
555 West 57th Street, 15th Floor
New York, NY 10019
Application deadline: March 10, 2017

A. PERSONAL INFORMATION

1. Name: _____
LAST NAME FIRST NAME MIDDLE NAME

2. Ethnicity (optional):

- _____ American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)
- _____ Asian or Pacific Islander (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.)
- _____ Black, not of Hispanic origin (All persons having origins in any of the Black racial groups of Africa.)
- _____ Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

2017 UNDERGRADUATE INTERNSHIP APPLICATION

___ White, not of Hispanic origin (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

___ Other (Please indicate a subgroup of the ethnic group you listed, as appropriate.)

3. Are you prevented from lawfully working in this country because of visa or immigration status?

YES ___ NO ___ (Proof of citizenship or immigration status will be required upon employment.)

4. Present Address:

STREET _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

Permanent/Parents' Address:

STREET _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

Mailing Address (please check one):

PRESENT ___ PERMANENT/PARENTS' ___ OTHER ___ (Please enter information below.)

STREET _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

B. ACADEMIC INFORMATION

In addition to completing the information below, you will be required to submit proof of enrollment in your undergraduate school program (an official letter from the school indicating enrollment status), as well as all official transcripts from all schools attended.

I am classified as a (please check one):

FULL-TIME UNDERGRADUATE STUDENT ___

PART-TIME UNDERGRADUATE STUDENT ___ NUMBER OF HOURS _____

2017 UNDERGRADUATE INTERNSHIP APPLICATION

Undergraduate Information:

NAME OF ACADEMIC INSTITUTION _____
CITY _____ STATE _____ ZIP CODE _____
MAJOR _____
GRADE POINT AVERAGE (cumulative) _____ DATE OF GRADUATION _____

Dates of Attendance:

FROM _____ TO _____

Term Dates:

CLASSES END FOR SPRING 2017 _____
CLASSES BEGIN FOR FALL 2017 _____

C. TRANSPORTATION AND HOUSING REQUIREMENTS

Applicants to this program will be placed in New York City or in the surrounding area. Interns are responsible for obtaining housing in New York City or in the surrounding area.

Some of the placements within the program are outside New York City—for example, Long Island.

In the event that you are placed in one of these sites, would you have access to a car?

YES _____ NO _____

D. PERSONAL STATEMENT

On a separate sheet of paper, please prepare a personal statement, *maximum of 500 words*, stating the following:

- Interest in health care management
- Experience to date, including work and service history
- Career goals
- Three major objectives for your internship

E. RESUME

Please provide your resume as a separate component.

F. TRANSCRIPTS

Official transcripts from **all** colleges and universities are required. Transcripts may be sent by mail or electronically to sep@gnyha.org, but must come directly from the school. Forwarded transcripts will not be accepted.

E. RECOMMENDATIONS

Choose at least three (3) people as references who are knowledgeable about your abilities and performance. Select at least *one faculty member, one supervisor, and one volunteer community service supervisor*. Recommendations are not limited to these individuals. Personal recommendations from family members or friends will not be accepted.

Print your name on the reference form included in this application packet and send one to each of your references. The reference forms may be copied. To ensure prompt processing of your application, please follow up with your references to be certain they return the completed forms to you, or submitted directly to GNYHA, before the application deadline.

ONLY COMPLETE APPLICATIONS WILL BE REVIEWED. THERE ARE NO EXCEPTIONS.

I certify that the information given herein is true and complete to the best of my knowledge. I authorize verification of all information in this application as it relates to the selection process.

SIGNATURE _____ DATE _____

HOW DID YOU HEAR ABOUT THE SUMMER ENRICHMENT PROGRAM?

FRIEND

FACULTY

PARENT

WEBSITE

ALUMNI

SCHOOL FAIR

OTHER

GREATER NEW YORK HOSPITAL ASSOCIATION SEP RECOMMENDATION FORM

REFERENCE 1

Your name has been given as a reference for the applicant whose name appears on this form. Your comments are confidential and will be reviewed by the Summer Enrichment Program Selection Committee. Please return the recommendation form and letter of recommendation in a sealed envelope to the applicant who requested it from you, or e-mail directly to sep@gnyha.org. Student applications and recommendations must be postmarked by Friday, March 10, 2017, to be considered. If you have any questions about this recommendation form, please contact Lina Osorio at (212) 258-5342 or losorio@gnyha.org. Thank you for your efforts on behalf of this applicant.

The Summer Enrichment Program (SEP) is a health care management internship designed to promote racial and ethnic diversity, and is supported by the Greater New York Hospital Association (GNYHA) and its members. The program is a 10-week internship during which interns are assigned to senior management staff at GNYHA member facilities to gain firsthand experience with the operations and management issues health care organizations face.

The SEP Selection Committee is interested in learning about this applicant's:

- interest in and commitment to health care management,
- ability to be successful in a professional working environment, and
- past success, whether at school, in the work place, or in the community.



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in Health Management
An affiliate of the American Hospital Association

2017 UNDERGRADUATE RECOMMENDATION FORM

A. EVALUATOR INFORMATION

APPLICANT NAME _____

EVALUATOR'S NAME _____

EVALUATOR'S TITLE _____

SCHOOL/AGENCY _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

SIGNATURE _____ DATE _____

B. RATING SCALE

Please complete the rating scale below and submit along with letter of recommendation for the applicant.

RATING SCALE					
CATEGORIES	SUPERIOR	GOOD	AVERAGE	POOR	N/A
LEADERSHIP SKILLS					
CRITICAL THINKING ABILITY					
MOTIVATION					
ORAL EXPRESSION					
EMPATHY AND ABILITY TO WORK WITH OTHERS					
SELF-CONFIDENCE					
MATURITY					
RELIABILITY AND RESPONSIBILITY					
BREADTH OF INTELLECTUAL INTEREST					

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SELF-CONFIDENCE					
MATURITY					
RELIABILITY AND RESPONSIBILITY					
BREADTH OF INTELLECTUAL INTEREST					

2017 UNDERGRADUATE APPLICATION CHECKLIST

APPLICATION CHECKLIST

Use the following list to be sure that you have all the documents needed to be considered for participation in SEP:

___ Original application and all other required documents. (*Only properly completed applications will be considered.*)

___ Proof of enrollment or acceptance into an undergraduate school program (letter from your college or university indicating enrollment status).

___ Complete official transcripts from all colleges and universities attended. Official transcripts are sealed by the school or electronically submitted from the school.

___ Personal statement, *maximum of 500 words*, stating:

- Interest in health care management
- Experience to date, including work and service history
- Career goals
- Three major objectives for your internship

___ Three (3) completed **RECOMMENDATION FORMS** submitted by a faculty member, employer, volunteer service supervisor, or an equivalent source. References may submit recommendations directly to GNYHA, but they must be postmarked by the application deadline.

___ Complete resume, including volunteer and community service experience.

Submit application and all other required documentation to sep@gnyha.org or mail to:

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