

Norton Sound Health Corporation
P.O. Box 966 Nome, AK 99762
Phone: 907-443-4508 Fax: 907-443-2085
E-Mail: eforton@nshcorp.org

Internship Program Application

Personal Information

Name: _____ Date of Birth: _____ SSN: _____

Current Address	Home/Permanent Address
_____	_____
_____	_____
_____	_____

Phone Number: _____ Phone Number: _____

Email address: _____

I am a Local Native from the Bering Strait Region Yes No

Educational Background

College, University or Vocational Schools attended:
(Start with your present or last school attended)

School Name: _____ From: _____
Address: _____ Credits Earned: _____
_____ Cumulative G.P.A.: _____
Degree Earned [] Yes [] No Degree Obtained: _____

School Name: _____ From: _____
Address: _____ Credits Earned: _____
_____ Cumulative G.P.A.: _____
Degree Earned [] Yes [] No Degree Obtained: _____

Educational Intent

Health care related field of study chosen as major: _____

What are your education goals and objectives? Why have you chosen this field of study and when do you expect to graduate?

Why should the CO Committee select you as a NSHC Intern (Attach additional sheet if needed).

Name of School Planning to attend: _____
Address: _____
City/State: _____ Zip: _____ Phone: _____

Financial Aid Office Address:
Address: _____
City/State: _____ Zip: _____ Phone: _____

Entering Class Status:
____ Freshman (0-29 Credits) ____ Sophomore (30-59 Credits) ____ Junior (60-94 Credits)
____ Senior (95 + Credits) ____ Graduate ____ Other (_____)

Which semester will you be enrolling for: _____ Year: _____

Tell Us About Yourself:

Name of High School Attended: _____ Year Graduated: _____
GED: [] Yes [] No Year Obtained: _____ Highest Grade Completed: _____

List the activities in which you are currently participating, include your hobbies and interests:

List your community activities (past and present):

List any awards or honors you have received for school, church, community, or employment:

Work Experience (start with most recent employment)

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Start Date: _____ End Date: _____
Reason for leaving: _____

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Start Date: _____ End Date: _____
Reason for leaving: _____

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Start Date: _____ End Date: _____
Reason for leaving: _____

I hereby attest that the information provided in this application is true, correct and complete. If I am selected as an Intern, I will use the award to further my education while attending school. I understand, if I am non-compliant with the Contract Agreement I will be required to pay back the entire amount of funding received.

Applicant Signature

Date

HR Only

Date Application Received: ____/____/____

Application Complete: []Yes []No **Missing:** _____

Applicant Met Guidelines: []Yes []No

Financial Information

Your annual net income:	Spouse's annual net income:			
Total # of dependents (including yourself): _____				
Complete information for the fall and spring terms. Use the "pending" columns to indicate scholarships you have applied for but have not found out if you have received them.				
REVENUE	Fall Year:	Pending Fall	Spring Year:	Pending Spring
Summer/Current Employment				
Part-time Employment During School				
Savings				
Parents and/or Other Relatives				
BIA Scholarships (i.e.Kawerak, Gambell IRA)				
Regional/Village Corporation				
College Scholarships (academic, athletic, etc.)				
Loans (specify)				
Dividends (Permanent Fund, Native Corp. etc.)				
National Guard/Military Benefits				
Social Security Benefits				
Vocational/Rehabilitation Benefits				
Other (i.e. NSEDC, Lions Club, etc.)				
TOTALS	\$	\$	\$	\$
Expenses	Fall		Spring	
Tuition				
Fees				
Meals				
Room				
Books/Supplies				
Transportation				
Miscellaneous				
TOTALS	\$		\$	
	Fall without pending awards included in revenue	Fall with pending awards included in revenue	Spring without pending awards included in revenue	Spring with pending awards included in revenue
TOTAL BALANCE NEEDED (Revenue minus Expenses)	\$	\$	\$	\$

