

SCHEDULING AND TIME FRAMES

Summer Internships: 200 total hours are required, generally 20 hours a week for 10 weeks.

Which time frame best suits your needs? This does not apply to Clinical or Counseling Internships.

___ (Session I) Tuesday, May 17 to Friday, July 22. ___ (Session II) Tuesday, June 14 to Friday, August 19.

Clinical or Counseling Internships: Depending on the time of the year, these internships require a 4 - 5 month commitment. Must be available to intern on Tuesday's, Friday's, and Saturday's.

Fall, Winter, or Spring Internships: 150 total hours are required, with a schedule to be planned individually with each intern. All time frames and schedules are subject to the approval of FWHC.

Which time frame best suits your needs? (Please check all that apply)

___ Fall Quarter or Semester ___ Spring Quarter or Semester ___ Winter Quarter or Semester

Please provide any additional comments about your schedule here:

WHAT WE NEED FROM YOU

***Please make sure all of the following items are included when submitting your internship application.

___ Completed Application (this document) *

___ Cover Letter & Resume *

___ One Letter of Recommendation

___ Transcript (for informational purposes only)

___ Writing sample: 1-2 pages (single spaces) answering this question: "Why would I like to be an intern at the Feminist Women's Health Center and what it would mean to me?" *

___ **If you are Medical Student for Choice (MS4C) extern applicant**, you must apply separately with MS4C and complete their process. Please provide the above items with an (*) to FWHC.

WHAT YOU MAY NEED FROM FWHC

***Please indicate items, if any, you may need from FWHC.

___ Completed School Evaluation

___ Information Needed from FWHC for your Grant Application

___ One Reference Letter Upon Full Completion of Internship Requirements

___ Travel Stipend of \$25 per week (10 weeks maximum) to offset costs of travel to and from FWHC. (There are limited stipends available. Availability is based upon financial need).

___ Other _____

REFERENCES (NON-FAMILY)

COMPLETE NAME, ADDRESS, ZIP CODE, AND PHONE NUMBER REQUIRED

1.

_____ Name Phone # Email

_____ Address City/State Zip Code

2.

_____ Name Phone # Email

_____ Address City/State Zip Code

I do hereby attest that this application and other requested materials are complete and true to the best of my knowledge.

Signature: _____ Date: _____

Office Use Only: Received in full: ___/___/___ Interviewed: ___/___/___ Notified: ___/___/___
If needed, other documentation received: ___/___/___ Ref. #1 Checked: ___/___/___ Ref. #2 Checked: ___/___/___

Assignment: _____ Days: _____ Notes: _____