

6 13th Avenue Polson, MT 59860 Telephone: 406.883.5680

Providence St. Joseph Medical Center

2016-2017 PHS APPLICATION FOR HEALTH OCCUPATION

A PROGRAM FOR HIGH SCHOOL HEALTH OCCUPATION STUDENTS

LAST NAME	FIRST NAME	MI	
ADDRESS			
CITY	STATE	ZIP CODE	
SOCIAL SECURITY #	DA	DATE OF BIRTH	
HOME PHONE NUMBER	EMAIL		
	CONTACT NUMBER		
PARENT/GUARDIAN NAME REFERENCI NAME		TACT NUMBER atives who will be willing to serve as reference RELATIONSHIP	
REFERENCI	ESplease list two references other than rel	atives who will be willing to serve as reference	
REFERENCI NAME As a potential intern at Provide Hold as absoluted indirectly, concert confidential information My internship expension without compension.	ESplease list two references other than rel	atives who will be willing to serve as reference RELATIONSHIP to: nich I may obtain directly or nel, and I will not seek held in contemplation	

ABOUT ME

A QUESTIONAIRRE FOR PHS HEALTH OCCUPATIONS STUDENTS (required for consideration to intern at Providence St. Joseph)

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. QUESTIONS SHOULD BE ANSWERED IN COMPLETE SENTENCES AND DEMONSTRATE GOOD WRITING SKILLS. A SEPARATE PAGE CAN BE USED IF NECESSARY.

GOOD WATTING SKIELS. A SEFARATE FAGE CAN BE USED IT NECESSART.		
1. What i	is your current cumulative G.P.A?	
2. Please J	provide a brief list of the types of classes you have taken while at PHS.	
	Il us about any community or extra-curricular activities you have participated in ny honors or recognitions you have received.	
	tell us how you feel about attendance-based classes. In other words, what are your on your grade being dependent upon your attendance history?	
this decision	write a personal statement, describing your career goals and what has brought you to on. Please be sure to include specifics on how you plan to achieve these goals and class will help. The personal statement must be two paragraphs or more. Please write	

or type on a separate piece of paper.