



Dialysis Clinic, Inc.
A Non-Profit Corporation

**Dialysis Clinic Inc. Collegiate
Medical Summer Internship Program**

Date: _____

Personal Information:

Name: _____ Age: _____ DOB: _____

SS#: _____ M/F: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Telephone: _____

Preferred Email: _____

School Information:

College / University: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Date of Graduation: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Other:

Medical Conditions: _____

Allergies: _____

Would you have access to a vehicle for the summer? Yes No

Along with filling out the application cover sheet, please also include an essay explaining why you are interested in participating in this internship, your resume and one letter of recommendation. Please make sure that you limit your statement of interest to a one page, single-spaced document using 12-point Times New Roman font and one inch surrounding margins.

Submit your completed application by email to Jaimee.Lockwood@dcinc.org.

Thank you for your interest. We look forward to reviewing your application.