



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

**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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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. You can send your completed application by email to: [Jaimee.Lockwood@dcinc.org](mailto:Jaimee.Lockwood@dcinc.org).

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