



**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 18 to Friday, July 23. \_\_\_ (Session II) Tuesday, June 15 to Friday, August 27.

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