# Scripps Non-Clinical Internship Application

## Contact Information

| Last Name | First Name | MI | Have you ever applied for an internship at Scripps before?<br>Yes ☐ No ☐ |
|---|---|---|---|
| Local Address | City, State | Zip | Do you have a family member that works at Scripps?<br>Yes ☐ Name<br>Site<br>No ☐ |
| Permanent Address | City, State | Zip | |
| Home Phone | Mobile Phone | | Other Number |
| E-Mail Address | | | |

| School Attending | Field of Study/Major | | |
|---|---|---|---|
| Career Goal<br>Select Career Interest | Other | Year in School | GPA |
| Preferred Scripps Site for Internship<br>Select Scripps Site | Other | Type of Internship Desired | Preferred Preceptor (if known) |

## Short Answers

Please provide answers to the following questions in a well-formulated paragraph

| What qualities and characteristics will you bring to Scripps that will contribute to our overall mission, vision and values? |
|---|
| What is your career goal and what has inspired you to choose this career? |

## Availability & School Requirements

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|---|---|
| Please indicate the dates you are available for your internship | |
| How many hours per week? | |
| Is this internship a requirement for your school program? | Yes ☐ No ☐ |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|---|---|
| Name (printed) | |
| Signature | |
| Date | |

Please email the completed form to Scripps Center for Learning & Innovation at studentplacements@scrippshealth.org or fax to 858-435-7155, along with a copy of your resume.