



AHEC of a Summer

Have you thought about a career in Healthcare?
Would you like to find out if the healthcare field is for you?
Did you know there are hundreds of different careers in healthcare?

Check out the AHEC of a Summer Job Shadowing/Internship Program!!!

What Is AHEC of a Summer?

The AHEC of a Summer Program is a paid student internship experience designed for high school students currently in grades 10 and 11 (students must be at least 16 years old and the next school year a junior or senior) who are interested in pursuing careers in healthcare.

During this four-week program (June 1–June 26), students participate in clinical rotations at local hospitals and health centers, gaining first-hand, real-world experience in healthcare settings where they learn about health issues, patient care, healthcare professions, and postsecondary pathways in the medical field.

In addition to their clinical rotations, students will complete structured online modules focused on workplace skills, including communication, teamwork, professionalism, time management, and job readiness.

Students will be compensated for their clinical hours, making this an excellent opportunity to gain meaningful experience while earning pay and exploring future career options in healthcare.

**Applications are available from your
school counselor! Space is extremely limited; Apply Now!**



FOLLOW THESE TIPS FOR FILLING OUT YOUR APPLICATION

- ✓ If possible, make a copy of the application so you can complete a draft copy. This will help you avoid mistakes on the final copy.
- ✓ Only use black ink. Blue, pink, purple, green, etc. are not acceptable. DO NOT write in pencil.
- ✓ Do not change pens in the middle of an application. This looks unprofessional and doesn't flow.
- ✓ Take your time. Give plenty of thought regarding what you want to say before you write it. Write several draft copies until you are ready to write the final copy.
- ✓ Don't wait to fill out an application at the last minute before a deadline.
- ✓ If you know how to create an editable copy of the application, you may type in your answers unless the instructions say to hand write them.
- ✓ When hand-writing an application, use your **BEST** penmanship. Make sure your handwriting is legible. If it is hard to read, then type it. Ask an adult to look at it to help you determine if you should type it.
- ✓ Read your answers **out loud** to yourself, then to someone else. Make sure that person will be honest with you about how it sounds.
- ✓ Always have at least one other person proof-read your document. Ask an adult who will be honest with you regarding mistakes and how your written responses sound. They should be able to give you constructive criticism (teacher, parent, etc.)
- ✓ Do not have your parents or others fill it out; there are always telltale signs that they did it.
- ✓ Don't draw pictures or dot the I's with circles or hearts. You're writing to a professional, not a BFF.
- ✓ Do not leave blank spaces—at least write N/A (not applicable).
- ✓ **Check your spelling. Spelling errors are UNACCEPTABLE!**
- ✓ Make sure to use correct forms of words and sentence structure. Grammar is so important!
- ✓ Do not write like you are sending a text message. Write words out, do not abbreviate.
- ✓ In essay answers, do not ramble. Be honest and tell the facts. Get to the point but sell yourself.
- ✓ When answering essay questions write it on another paper first, read it, proof it, then copy your answers onto the final draft. Again, have another person proof your final copy.
- ✓ When asked to tell something unique about yourself, be specific ...what makes you who you are? Tell me about a talent, do you run marathons, speak 4 languages, have an interesting hobby, personally know a movie star? The question is prompting you to tell who you are. "I'm a people person" or "I like helping people" is **not** unique.
- ✓ Do not type an answer on another sheet then cut it and tape or glue it onto the application. It is better to type the questions and answers on a separate sheet if you choose, and then submit that sheet. If you choose to complete an application this way make sure to write after that question, see *attached*.
- ✓ Do not ask your parents to call or email about an application if you have questions. You need to do this because you are the one applying.
- ✓ Let your personality come through, while sounding professional!
- ✓ **DON'T FORGET TO SIGN IT!** Details matter.



2026 AHEC of a Summer

Health Careers Internship Program
Application for St. Mary Parish

DEADLINE: All Applications must be received by April 1, 2026

Email Application to: nlowrimore@stmaryk12.net or

By Mail to: AHEC of a Summer Program

Noelle Lowrimore

PO Box 170

Centerville, LA 70522

Applications must be completely filled out by the student in black ink only. Print legibly or type.

Student's Full Legal Name: _____ Gender: Male Female

Date of Birth: _____ Current Age: _____

School: _____ Grade in the 2026-2027: **11 12**

Address: _____ City: _____ State: LA Zip: _____

Primary Contact Phone: (____) _____ Student's Cell Phone: (____) _____

Student's Email Address: _____

Parent/Guardian Name(s): _____

Mother/Guardian

Father/Guardian

Daytime Phone: _____

Alternate Phone: _____

Please note: HRSA requires that AHECs report data on race and ethnicity for federal statistics, program administrative reporting, and civil rights compliance.

Race (check those that apply)

- _____ American Indian or Alaska Native
- _____ Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, Thai)
- _____ Asian (Any Asian other than those listed above)
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ Caucasian

Ethnicity (check one)

- _____ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)
- _____ Non-Hispanic

Please enter your Final Grade or Fall Semester Grade for each of the science classes you

have taken in high school: Chemistry _____ Biology _____ General Science _____

Other science (Please list course name and grade) _____ Grade: _____

Do you have reliable transportation to the program location? Yes _____ No _____

Name of person providing transportation: _____

Name of Alternate person who may provide transportation: _____

*Acceptance into the AHEC of a Summer Internship Program requires completion of 106.2 work-site hours at designated facilities (Bayou Bend Hospital, Ochsner Medical Center, Teche Health) and 26.55 hours of classroom instruction. The program runs from **June 1st – June 26th, 2026**. Interns will receive wages of \$10/hour through the St. Mary Parish School District. The SMPSD will also pay the enrollment fee (\$35 or \$45 depending on scrub size; fee includes 1 set of scrubs). Signing this application is an indication of your availability and commitment to participate in ALL scheduled AHEC of a Summer Internship days and activities.

Money should NOT be sent with this application.

Applicant signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

This program is a cooperative service of the Southwest Louisiana Area Health Education Center, parish school boards, local hospitals, clinics, and other health care facilities and offices. From time to time, students will be contacted by Southwest Louisiana AHEC as a follow-up to this experience.

Attached at the end of this application are instructions for Letters of Reference. Please give one to each of the people providing a letter. Be sure to fill in your name and school on the top of each page. Letters are to be returned to your school counselor.

How did you learn about the AHEC of a Summer Health Careers Internship Program?

Are any members of your immediate family employed in a health care profession? Yes _____ No _____

If yes, what profession? _____

Are you considering a career in health care? Yes _____ No _____ Undecided _____

If yes, what would you like to do? _____

Have you ever worked in a health care facility as a volunteer or employee? Yes _____ No _____

If yes, provide the name(s) of the facility, how long you were there, and what was your job?

AHEC of a Summer Uniform Order Form

Parents/Guardians of Applicant:

Please be mindful of the Uniform Size Information Note. Once ordered there will be NO EXCHANGES or RETURNS. If applicant is accepted into the program, the uniform MUST contain SWLAHEC's printed logo on the scrub top.

Uniform Size Information Note: These are in unisex sizes, please choose accordingly. Keep in mind the uniform should be loose fitting. It is better to order a little too large than too small. The scrubs come in sets. We cannot make exchanges, or mix top and bottom sizes. Please measure to get an accurate fit. The sizes do run large.

Size	XS	S	M	LG	XL	2X	3X	4X	5X
Bust/chest	35-36	37-39	40-43	44-47	48-50	51-53	54-57	58-60	61-64
Waist	26-27	28-31	32-34	35-38	39-41	42-45	46-49	50-53	54-57
Hip	37-38	39-41	42-45	46-48	49-52	53-56	57-59	60-63	64-67

What size scrub set would you like? _____

Would you like to order an additional set of scrubs? ___ Yes (add \$15.00) or ___ No

*A second set is recommended as scrubs must be cleaned daily.

Cost: \$15.00/set for additional sets plus additional \$10 for sizes 4X & 5X (do not include money with this application)

Fees (Paid by School District):

Enrollment Fee & 1 set scrubs \$35): \$00.00

If ordering Size 4X or 5X add \$10.00: \$00.00

Fees (Paid by Student):

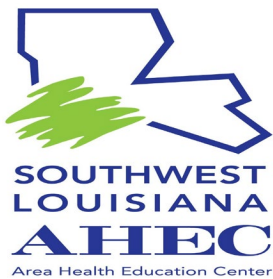
If ordering an extra set of scrubs add \$15.00: _____

Total Paid: _____

I have read and understand the Uniform Ordering Process. I acknowledge that once I submit this form to the school, I cannot request a change in size. This includes all extra scrub sets ordered on this form. I am aware that the applicant MUST wear the ordered scrubs and no other to participate in this program. Failure to follow rules can result in dismissal from the AHEC of a Summer Internship Program.

Parent Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



2026 AHEC of a Summer

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Application for St. Mary Parish

IMPORTANT DEADLINES TO REMEMBER

1. 03.11.26 Applications submitted to school guidance counselors
2. 04.01.26 DUE DATE for all applications
3. 05.26.26 Parent Orientation – 6:00pm at Teche Health, 1100 Weber St., Franklin
4. 06.01.26 Student Orientation – 8:30am – 2:00pm at Teche Health
5. 06.26.26 Last Day of Program; Closing Ceremony
6. 06.29.26 DUE DATE for all time sheets
7. 07.31.26 – 08.31.26 Payroll checks will be sent out

Southwest Louisiana Area Health Education Center AHEC of a SUMMER Student Volunteer Program

Teacher Recommendation Form

Applicant Name: _____ Current School: _____

Teacher Name: _____ Subject: _____

The above named student has applied to the 2026 AHEC of a SUMMER Internship program and has been asked to submit this form for reference. This is an amazing opportunity for the applicant to experience Health Care Careers.

Please complete this recommendation form and return **ASAP** to the School Counselor.
School Counselor return this recommendation form **ASAP** to : nlowrimore@stmaryk12.net

The completed applications must be received by the Selection Committee no later than **April 1, 2026**.

These forms are confidential and will not be shared with the applicant. Your open and honest communication is **critical** as we are placing these students in local hospitals and health care facilities to work with professionals.

Please check one	Excellent	Good	Fair	Poor
Punctuality				
Timely Completion of Assignments				
Class Participation				
Social Relationship with Peers				
Ability to Work in Groups				
Initiative				
Stays on Tasks				
Character (Honesty, Attitude, etc.)				
Relationship with Adults				
Respect for Authority				
Discipline/Behavior in Class				

Overall Recommendation: Please select only one.

Highly Recommended _____

Recommend _____

Recommend with Reservations _____

Do NOT Recommend _____

Please take a moment to comment on your personal experience with the applicant as it will be used in the selection process. You may continue on the back of this form if additional space is needed.

Teacher Signature: _____ Date: _____

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