



PUBLIC HEALTH Internship

NATIVE HEALTH/UnitedHealthcare Community Plan Internship Application

Name: _____

Address: _____

Email: _____

Phone Number: _____

School Currently Enrolled In and Year: _____

How did you learn about this internship? _____

What are you majoring in? _____

What profession do you hope to be pursuing in 10 years? _____

What is the highest degree you plan to achieve? _____

What is your current GPA? _____

Are you able to work at one of the NATIVE HEALTH locations, 200 hours in the next eight weeks? ☐ Yes ☐ No

Is there anything that you have done that would prevent you from getting a DPS Class I Fingerprint Clearance Card? ☐ Yes ☐ No

Do you have reliable transportation to NATIVE HEALTH? ☐ Yes ☐ No

Are you able to work hours outside of Monday-Friday, 8:00 a.m.-5:00 p.m.? ☐ Yes ☐ No

Essay

Essay Prompt 1 (up to 500 words): Please share a personal statement that highlights your background, academic achievements, and interests. Please describe your involvement in the Native American Community. Please be sure to include any hobbies, cultural activities or volunteer work that may demonstrate your contribution to the lives of Native People. Include information on courses taken and any honors or advanced placement courses that would contribute to your knowledge about social determinants of health and housing navigation. Discuss what motivates and challenges you intellectually and what impact you hope to have in your community and/or profession.

Essay Prompt 2 (up to 500 words): What stimulated your interest in your chosen major or area of study? Please describe your interest in public health and work in addressing social determinants of health (SDOH), including what your goals are and how you hope to benefit yourself and your people by participating in the NATIVE HEALTH/UnitedHealthcare Public Health Internship Program.

Essay Prompt 3 (up to 500 words): What activity or activities (cultural, community-related, occupational, academic, athletic etc.) clearly reflect your character? Please describe your participation. Why is participation in this activity or these activities important to you?

Please attach a cover letter, resume and essay.

All 2024 NATIVE HEALTH/UnitedHealthcare Public Health Internship Program required supporting materials must be received by our office by close of business on **Friday, September 27, 2024, COB.**