

2020 GRADUATE INTERNSHIP APPLICATION



GREATER NEW YORK HOSPITAL ASSOCIATION

SUMMER ENRICHMENT PROGRAM

Promoting Racial and Ethnic Diversity in Health Care Management

2020 GRADUATE FACT SHEET

ABOUT THE PROGRAM

The Summer Enrichment Program (SEP) is an internship designed to promote racial and ethnic diversity in health care management, and is supported by the Greater New York Hospital Association (GNYHA) and its members. The program is a 10-week internship during which interns are assigned to senior management staff at GNYHA member facilities to gain firsthand experience with the operations and management issues health care organizations face.

PURPOSE

The program seeks to promote racial and ethnic diversity in health care management. Members of minority groups are strongly encouraged to apply.

ELIGIBILITY

Applicants applying for this program must meet the following criteria:

- Must be enrolled in a graduate program in Fall 2020 and provide proof of enrollment
- Must have a strong academic record of 3.0 or better on a 4.0 scale
- Must show a sincere interest in and commitment to a career in health care management
- Must demonstrate excellence in extracurricular and community service activities
- Must be a US citizen or hold a permanent resident visa

Only first-time participants will be considered for the program.

THE PROCESS

Phase 1: Completed applications are reviewed and candidates are selected for an interview with GNYHA.

Phase 2: Students who successfully complete the GNYHA interview are selected for a second round of interviews with our participating member institutions. Interviews at member institutions are based on the interest of the student and institutional project availability.

Phase 3: Only students accepted by both GNYHA and the member institution are formally admitted into SEP.

Placement depends on which institutions participate in the program. Our members are located in New York City and the greater metropolitan area. GNYHA will also make an effort to choose a location that is convenient by car or public transit for the student.

Accepted students will attend a formal orientation from GNYHA at the start of the program. In addition to the program orientation, each student will individually work with their host institution to process the appropriate documents for their summer employment.

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WHAT TO EXPECT

The project: Each intern's experience will be unique, but all interns will work on a project their host institution assigns to them for the duration of the summer. Interns will present their projects to GNYHA and hospital staff at the end of the summer.

Mentorship and networking: Each intern will receive mentorship throughout the program by their preceptor and GNYHA. Interns will also have the opportunity to meet with various leaders in the health care industry through educational sessions at GNYHA and our trip to a health care leadership conference.

Paid internship: The internship is paid. The hourly wage, which will be at least minimum wage, is determined by the student's host institution. GNYHA **does not** play a role in determining summer wages.

Lodging: Interns are responsible for finding their own housing for the duration of the summer internship. GNYHA **does not** provide housing for interns.

COMMITMENT

Students must be available Monday through Friday, from 9:00 a.m. to 5:00 p.m. Students are expected to attend the GNYHA orientation, educational sessions, and the group trip. GNYHA covers interns' travel costs for the trip.

DATE*	EVENT
March 6, 2020	Application deadline; applications must be postmarked by this date
March–April 2020	In-person interviews at GNYHA and internship site
May 2020	Matching process complete (internships assigned)
June 1, 2020	Program begins/half-day orientation at GNYHA
June–July 2020	Three-day leadership conference; two-day educational series at GNYHA
August 7, 2020	Program ends; final presentations; closing ceremony

* All dates are subject to modification.



**INSTITUTE FOR DIVERSITY
in Health Management**
An affiliate of the American Hospital Association

*SEP seeks to promote racial and ethnic diversity in health care management.
Members of minority groups are strongly encouraged to apply.*

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INSTRUCTIONS

Please complete this application by typing or printing legibly. If you need more space, please use additional sheets and identify each answer using the corresponding letters on the application. A resume or curriculum vitae is not an acceptable alternative to a complete application. Refer to the checklist at the end of the application to ensure that it is complete.

The program seeks to promote diversity and inclusion in health care management. Members of minority communities are strongly encouraged to apply.

Submit your application to sep@gnyha.org or mail to:

Lina Osorio

Director, Diversity Management Programs and Community Engagement

Summer Enrichment Program

Greater New York Hospital Association

555 West 57th Street, 15th Floor, New York, NY 10019

Application deadline: **March 6, 2020**

A. PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Name

Ethnicity (optional):

_____ American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

_____ Asian or Pacific Islander (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.)

_____ Black, not of Hispanic origin (All persons having origins in any of the Black racial groups of Africa.)

_____ Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

_____ White, not of Hispanic origin (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

_____ Other (Please indicate a subgroup of the ethnic group you listed, as appropriate.)

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Are you prevented from lawfully working in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.)

_____ Yes

_____ No

Present Address:

Street Address Apt

City State Zip Code

Permanent/Mailing Address:

Street Address Apt

City State Zip Code

Contact Information:

Home Phone Mobile Phone

E-mail Address

B. ACADEMIC INFORMATION

In addition to completing the information below, you will be required to submit proof of enrollment in your graduate school program for Fall 2020 (an official letter from the school indicating enrollment status), as well as all official transcripts from all schools attended.

I am classified as a (please check one):

_____ Full-Time Graduate Student

_____ Part-Time Graduate Student (Number of Hours: _____)

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Undergraduate Information:

Name of Academic Institution

City

State

Zip Code

Major

Grade Point Average (cumulative)

Date of Graduation

Dates of Attendance:

From

To

Graduate Information:

Classification for Fall 2020 (please check one):

First Year

Second Year

Name of Academic Institution

City

State

Zip Code

Major

Grade Point Average (cumulative)

Date of Graduation

Dates of Attendance:

From

To

Term Dates:

Classes end for Spring 2020

Classes begin for Fall 2020

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C. TRANSPORTATION AND HOUSING REQUIREMENTS

Applicants to this program will be placed in New York City or in the surrounding area. Interns are responsible for obtaining housing in New York City or in the surrounding area.

Some of the placements within the program are outside New York City—for example, Long Island. In the event that you are placed in one of these sites, would you have access to a car?

_____ Yes

_____ No

D. PERSONAL STATEMENT

On a separate sheet of paper, please prepare a personal statement, *maximum of 500 words*, stating the following:

- Interest in health care management
- Experience to date, including work and service history
- Career goals
- Three major objectives for your internship

E. RESUME

Please provide your resume as a separate component.

F. TRANSCRIPTS

Official transcripts from all colleges and universities are required. Transcripts may be sent by mail or electronically to sep@gnyha.org, but must come directly from the school. Forwarded transcripts will not be accepted.

E. RECOMMENDATIONS

Choose at least three (3) people as references who are knowledgeable about your abilities and performance. Select at least one faculty member, one supervisor, and one volunteer community service supervisor. Recommendations are not limited to these individuals. Personal recommendations from family members or friends will not be accepted.

Print your name on the reference form included in this application packet and send one to each of your references. The reference forms may be copied. To ensure prompt processing of your application, please follow up with your references to be certain they return the completed forms to you, or submitted directly to GNYHA, before the application deadline.

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Only complete applications will be reviewed. There are no exceptions.

I certify that the information given herein is true and complete to the best of my knowledge. I authorize verification of all information in this application as it relates to the selection process.

Signature

Date

How did you hear about the Summer Enrichment Program?

Friend

Faculty

Parent

GNYHA Website

SEP Alumni

School Fair

Other (Please list): _____

2020 GRADUATE APPLICATION CHECKLIST

APPLICATION CHECKLIST

Use the following list to be sure that you have all the documents needed to be considered for participation in SEP:

- ___ Original application and all other required documents. (*Only properly completed applications will be considered.*)

- ___ Proof of enrollment or acceptance into a graduate school program (letter from your college or university indicating enrollment status).

- ___ Complete official transcripts from all colleges and universities attended. Official transcripts are sealed by the school or electronically submitted from the school.

- ___ Personal statement, *maximum of 500 words*, stating:
 - Interest in health care management
 - Experience to date, including work and service history
 - Career goals
 - Three major objectives for your internship

- ___ Three (3) completed **recommendation forms** submitted by a faculty member, employer, volunteer service supervisor, or an equivalent source. References may submit recommendations directly to GNYHA, but they must be postmarked by the application deadline.

- ___ Complete resume, including volunteer and community service experience.

Submit application and all other required documentation to sep@gnyha.org or mail to:

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