

**TRINITY COLLEGE
HEALTH FELLOWS PROGRAM
STUDENT APPLICATION
SPRING 2020**

**Application due:
September 27, 2019**

Name _____ Class _____

Major _____

Campus Box _____ Phone _____ Cell _____

Campus Address _____

Assigned faculty advisor _____

Name of Trinity faculty member who would be willing to discuss your qualifications for this program with the Health Fellows faculty:

Indicate your current grade point average _____

What was your favorite course and why?

Have you taken any Statistics course(s)?

What other course do you plan on taking in the spring should you be accepted into the Health Fellows Program?

Please list other spring semester commitments, ie, campus job(s), sports, other extracurricular commitments or obligations:

Describe any research experience you have had, and with whom:

Describe any volunteer or work experience that may be pertinent to your work as a Health Fellow

Areas of healthcare in which you already have an interest, if any:

Have you thought about what your career plans might be after graduating Trinity? If so, what are they?

Which of the following method(s) of transportation would you have access to in order to get to your placement? (please check all that apply)

- Car
- Hartford City Bus
- Zip Car
- Bicycle
- Walk
- Other (please specify) _____

Please be aware that IF you are accepted into the program your supervisor/mentor may be one of the following: a physical therapist, occupational therapist, speech therapist, nurse, dietician, social worker, doctor, physician assistant, or Ph.D.

If we are not able to accommodate your primary choice or area of interest would you still be willing to participate in the program?

_____ YES _____ Initials
_____ NO

By initialing this, you have indicated that you understand the terms of the Health Fellows Program, that is, if accepted into the program you will participate in both the placement AND seminar.

Lastly, please **type** a 1page essay on your reasons for wanting to participate in the Health Fellows Program and submit it with this application.

Return this form to:

Kathy Mallinson
Coordinator, Health Fellows Program
Administrative Assistant, Science Center
Clement 107, Science Commons
Any questions email Kathy at Kathy.mallinson@trincoll.edu