Community Health Initiative (CHI)
Student Community Internship Application
APPLY ONLINE:   https://diversity.umn.edu/bced/chi-intern-app

Name: 
Address: 
Home Phone:          Cell Phone: 
E-mail address: 
Student ID  Number: 
Major area(s) of study:     Degree:
Cumulative GPA:  Anticipated Graduation Date: 
What U of MN School are you enrolled?  Public Health  Social Work  Medical  Other  
What is your student status? Full Time  Part Time 
Are you employed by the University of Minnesota? Yes  No  
If so, how many hours a week do you work? 
Are you an International Student? Yes  No  
If yes, are you allowed to work on campus? Yes  No  
What type of visa do you have and when does it expire?  (International Student)  
Do you have a car? Yes  No  
If you are interested in working with a particular organization or business, please provide the name, phone number, contact person and e-mail address.  

Please check the types of projects in which you have EXPERTISE and SKILLS in:

_____ Public Health  _____ Health/Medical Research 
_____ Community Health Education  _____ Feasibility Study 
_____ Social Work  _____ Program Evaluation/Measurement 
_____ Population Health Coordination  _____ Other: _______________________
_____ Nursing Care/Management
Please share any information about yourself and why you are a good candidate for this program (ex. Economic or ethnic background, past work experience and relevant course work).

It is expected that the student will spend approximately two to three months throughout the summer on this internship and will be under the supervision of the host organization. **Please state the earliest possible start date, the latest end date and list any scheduled events that may affect your participation during the summer.**

Submit a RESUME and COVER LETTER with your application to:
Nedy Windham at: windh003@umn.edu