



CHARLES B. WANG
COMMUNITY HEALTH CENTER
王嘉廉社區醫療中心

Project AHEAD

ASIAN HEALTH EDUCATION AND DEVELOPMENT

Application Summer 2012

Personal Information

First Name	Last Name	Suffix
Permanent Address		
City, State, Zip		
Current Address (if different from above)		
City, State, Zip		
Telephone	E-mail	
High School	City, State	
Date of Graduation	GPA/4.0 scale	
College Attending	City, State	
Date of Graduation	GPA/4.0 scale	
Major, Area of Study	Career Plan	
Place of Birth	Years in U.S.	
Language Skills (List up to three. List only those you have native or advanced proficiency in.)		
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read <input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read <input type="checkbox"/> Write

Family Information

Father		
First Name	Last Name	Suffix
Occupation		
Highest level of education completed		
Place of Birth	Years in U.S.	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mother		
First Name	Last Name	Suffix
Occupation		
Highest level of education completed		
Place of Birth	Years in U.S.	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

Health Career Interest (Rank as many as applicable, with 1 indicating your primary interest.)

- | | |
|--|--|
| <input type="checkbox"/> Dentistry and Allied Services | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Dietetic and Nutritional Services | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Health Administration/Management | <input type="checkbox"/> Physical/Occupational Therapy |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Mental Health/Psychology | <input type="checkbox"/> Other _____ |

Extracurricular Activities and Community Involvement (List up to five, in order of importance to you.)

Dates	Program/ Organization	City, State	Roles and Activities	Hours Per Week

Personal Statement

Please attach a statement in which you describe why you want to be considered for Project AHEAD and what you can contribute to the program. You may draw on information about yourself, your career goals and aspirations, and any experience with and knowledge of the Asian American community. The statement should not exceed two pages.

Letter of Recommendation

One letter of recommendation is required from all applicants. Your letter may be from a former or current employer, or undergraduate professor or teaching assistant, and may be sent directly from your recommender.

Personal Interview

A personal interview may be required for acceptance. On-site interviews will be conducted from March 5 to March 9, 2012, on weekdays only. Please specify dates you are available to interview in order of preference. Telephone interviews may be arranged upon request for students with special considerations.

How did you hear about Project AHEAD?

Have you previously applied to Project AHEAD? Yes No

For questions about the program, please email Melissa Ip at mip@cbwchc.org. Applications should be mailed to **168 Centre St., 3rd Floor, New York, NY, 10013, Attn: Project AHEAD Selection Committee**. The complete application must be postmarked by February 17, 2012, and received no later than February 24, 2012. Incomplete applications will not be considered.

By signing below, I acknowledge that participation in the entirety of the program is expected and required of all Project AHEAD interns. In the event my application is selected, I will accept an internship offer only if I am able to participate in the full eight weeks of the program.

Signature _____

Print Name _____

Date _____

Received

Date