### **2021 Holy Spirit Career Exploration Program**

In this document, you will find information about the program and an application. The application and all supporting items are due to Mr. Miller by **3:00 PM on Friday 3/12/21**. This is a firm deadline, no exceptions.

I am only permitted to take 4 students to the interview day at Holy Spirit, which usually happens in early April. Based on the number and quality of the applications we may hold a first round of interviews here at CC to narrow the field to four. After the interviews at the hospital two students will be selected.

The program traditionally runs in the Fall semester. This year it was moved to Spring due to COVID and will be delivered virtually. The hope is that it will return in person during the Fall semester of 2021.

This program rotates students through approximately30 different departments in the hospital and is an excellent opportunity to see many aspects of the healthcare industry.

All questions from students or parents should be addressed to Mr. Miller, not the hospital.

I can be reached by cell at 717-578-7549 or email: mrmiller@wssd.k12.pa.us

Mark Miller Career Coordinator Cedar Cliff High School

## Cumberland/Perry Education Consortium Health Care Careers Exploration Program Application Form for 2021/22 School Year

Name	HR
Address	Home phone
	Cell phone
E-mail address	
Guidance Counselor	
Career Interest(s)	
	for the program can attest to the student's good attendance, strong
work ethic, good written and oral communication	ons skills, and good interpersonal skills.

Teacher Signature:	Date
List previous experiences and/o	coursework completed that will help you achieve success

# in this exploration program. (Could include shadow experience)

#### **Please attach the following:**

1. A current resume

2. A one-page typed essay reflecting how your interest in this field evolved and how you feel this program will help you with your future educational and career choices.

- **Unofficial Transcripts** 3.
- Attendance Records 4.

#### \*I have read the program description and understand the student's responsibilities as a participant in this program.

Parent Signature	Date
Student Learner's Signature	Date
Guidance Counselor Signature	Date
District Coordinator Signature	Date