



Health Occupations and Professions Exploration

Summer Internship Request Form

- **Have you requested a session of HOPE for the students for you are requesting internship opportunities?**

Yes

No (If No, please fill out a [HOPE Request Form](#) before completing this request.)

- **If you have requested a session of HOPE, what is the time frame that you requested for the session?**

Dates: _____

- **Contact information for the organization that the students are connected with:**

○ Organization Name: _____

○ URL or website, if applicable: _____

○ Contact person

▪ Name: _____

▪ Phone: _____

▪ Email: _____

- **Ages of the students:** _____

- **Dates for the internship:** _____

- **How are the summer internships funded? (Example, will the organization pay for the internships or would they ask UW Health to fund them?)**

Please enter any other comments or specific details about this request:

Please return form to:

Veronica Cox, Career Pathways Coordinator

301 S. Westfield Road, Suite 350

Madison, WI 53717

Mail Code: 2409

(608) 890-5607

vcox@uwhealth.org

SUBMIT FORM