



Summer Healthcare Discovery Program Application Packet

2026 Program Cycle

Program Overview

The West Ascension Parish Hospital Summer Healthcare Discovery Program is a six-week internship experience designed to expose students to healthcare careers, professional expectations, and the day-to-day operations of a community hospital. Students selected for the program will participate in observation, guided learning opportunities, professional development, and structured engagement with hospital departments and leaders.

Important Dates

Milestone	Date / Timeframe
Application Deadline	All applications must be submitted in person to Kevin Causey, CAO, no later than May 15, 2026 at 4:00 p.m.
Application Review Period	May 18, 2026 - May 22, 2026
Interview Period	May 25, 2026 - May 29, 2026
Official Notification of Selected Recipients	June 1, 2026 (by phone)
Internship Program Dates	June 15, 2026 - July 20, 2026
Award Banquet	July 24, 2026

Eligibility Criteria

- Applicants must be high school students who are juniors, seniors, or recently graduated seniors for the 2025-2026 school year.
- Applicants must have a minimum cumulative GPA of 2.5 on a 4.0 scale.
- Applicants must be available to participate in the full six-week internship program.
- Applicants must have reliable transportation to and from West Ascension Parish Hospital.
- Applicants must demonstrate an interest in healthcare and a willingness to explore both clinical and non-clinical departments throughout the program.
- Applicants must submit all required application components by the stated deadline.

Application Requirements

- Completed application packet.
- One letter of recommendation from a pastor, teacher, counselor, school official, mentor, or employer.
- A typed personal statement of 300 to 500 words.
- GPA verification from a school official or attached transcript/report card, if accepted by the program.
- Signed student and parent / guardian acknowledgments and consent forms.

Section 1 - Student Information

Full Name	_____
Date of Birth	_____ Age: _____
Home Address	_____
City / State / ZIP	_____
Student Cell Phone	_____
Student Email Address	_____
High School / School Attending	_____
Current Grade Level	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Graduated Senior
Expected Graduation Year	_____
T-Shirt Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

Section 2 - Parent / Guardian and Emergency Contact Information

Parent / Guardian Name	_____
Relationship to Student	_____
Parent / Guardian Cell Phone	_____
Parent / Guardian Email Address	_____
Emergency Contact Name	_____
Emergency Contact Phone	_____
Emergency Contact Relationship	_____

Section 3 - Student Interest and Participation Information

Why are you interested in participating in the Summer Healthcare Discovery Program?

What healthcare career areas or departments, including both clinical and non-clinical, are you most interested in learning more about?

- Nursing Laboratory Radiology / Imaging Respiratory Rehabilitation
 Pharmacy Business / Administration Human Resources Dietary / Nutrition
 Patient Access / Registration Environmental Services Maintenance Other: _____

Do you have any scheduling conflicts during the internship period? If yes, please explain.

Section 4 - Required Attachments

Personal Statement: On a separate typed sheet, submit a 300 to 500 word essay addressing the following:

- Why are you interested in healthcare?
- What do you hope to gain from this experience?
- How do you see this program shaping your future goals?

Letter of Recommendation:

Recommender Name: _____

Relationship to Student: _____

Letter Attached

Section 5 - School Official Verification

Student GPA (4.0 Scale)	_____
School Official Name	_____
Title / Position	_____
School Name	_____
School Official Email	_____
School Official Phone	_____
Signature	_____
Date	_____

Section 6 - Student and Parent / Guardian Acknowledgments

- I understand that all applications must be submitted in person to Kevin Causey, Chief Administrative Officer, by May 15, 2026 at 4:00 p.m. Incomplete or late applications may not be considered.
- I understand that application review will take place May 18 through May 22, 2026, interviews will be conducted May 25 through May 29, 2026, and selected recipients will be notified by phone on June 1, 2026.
- I understand that participation in this program requires attendance for the full internship period of June 15, 2026 through July 20, 2026, unless otherwise approved by program leadership.
- I understand that this program is intended for high school students interested in healthcare and exposure to both clinical and non-clinical hospital departments.
- I understand that reliable transportation to and from West Ascension Parish Hospital is required.
- I understand that, if selected, I will be expected to follow hospital rules, professional behavior standards, dress expectations, attendance requirements, and all program instructions.
- I understand that placement in the program is competitive and submission of an application does not guarantee acceptance.

Confidentiality and Observation Acknowledgment

Because West Ascension Parish Hospital is a healthcare environment, students selected for participation may be exposed to confidential, sensitive, or protected information during shadowing or observation experiences. If selected, the student agrees to maintain confidentiality, follow all hospital instructions, and comply with all privacy expectations communicated by the hospital.

Photo / Media Release

I authorize West Ascension Parish Hospital to photograph, record, or otherwise use images of the student for educational, recognition, promotional, or program-related purposes unless I notify the hospital in writing that I decline such use.

Parent / Guardian Consent

I certify that I am the parent or legal guardian of the applicant named in this packet. I have reviewed this application and consent to my child being considered for the Summer Healthcare Discovery Program.

Photo / Media Release Preference: Approve Decline

Signatures

Student Signature	_____
Date	_____
Parent / Guardian Signature	_____
Date	_____
Program Representative Signature	_____
Date	_____

Final Submission Checklist

- Completed application packet
- Personal statement attached
- One letter of recommendation attached
- GPA verification completed or approved academic documentation attached
- Student and parent / guardian signatures completed
- Application delivered in person to Kevin Causey, CAO, by May 15, 2026 at 4:00 p.m.

Submission Instructions

All completed applications must be submitted in person to:

Kevin Causey, Chief Administrative Officer

West Ascension Parish Hospital

Deadline: May 15, 2026 at 4:00 p.m.

Official recipients will be notified by phone on June 1, 2026.