Student Learning Interest Form

Student Information:

Name: _____________________________________________________ (please print)

Current Address:
________________________________________________________________________

City                         State             Zip

Contact Number: _______________________   Email:  ________________________

Faculty Advisor/University Contact Information:

Contact Name: __________________________ Contact Number: _______________

Mailing Address:
______________________________________________________________________

City    State   Zip

Email: ________________________________________________________________

Academic Information:

Institution Name:  ______________________________________________________

School/College of: _____________________________________________________

Degree working toward: ________________________________________________

Year in program:   Senior   Graduate Student (Masters)   Doctoral
Total hours required: ___________ Anticipated start/end date: ________________

Dates available to work: _________________________________________________

Program(s) of interest: _________________________________________________

Current Degrees/licensures:
____________________________________________________________________

Is an internship, service learning experience, observation or rotation required for your degree?   Yes              No

I understand that internships are not paid positions:   ☐

Date application completed: ________________

Please complete and return to:

Lincoln Trail District Health Department
Attn: HR Manager
108 New Glendale Road
Elizabethtown, KY 42701

Revised 3/12/2019