



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**