



## 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:

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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