

The TORCH Foundation

Announces the Availability of the



2015 Texas Rural Healthcare Internship Stipend Award

Award Amount: \$1,000

The TORCH Foundation 2015 Rural Healthcare Internship Stipend will be awarded to an individual, accepted to or currently participating in an internship program or practicum in a TORCH Member healthcare facility, who is dedicated to providing quality healthcare in rural areas and who aspires to become a healthcare professional in a rural area. Applicants must complete the eligibility requirements, as defined on the application form, including submission of a resume, a signed letter of recommendation by the internship program director or supervisor, and a one page personal statement that demonstrates both commitment to rural healthcare and interest in pursuing a career in the healthcare industry.

All materials must be received by: **Friday, March 13, 2015**

To apply, complete the attached application or visit the TORCH Foundation website <http://foundation.torchnet.org/> to download the application form. If you have questions, please contact Carrie Ruiz, Director of Operations, at cruiz@torchnet.org or (512) 873-0045.

TORCH Foundation



2015 Texas Rural Healthcare Internship Stipend

Award Application

A \$1,000 stipend will be awarded to an individual, accepted to or currently participating in an internship program or practicum in a TORCH Member healthcare facility, who is dedicated to providing quality healthcare in rural areas and who aspires to become a healthcare professional in a rural area.

Internship Stipend Eligibility – Eligible applicants must:

- (1)** Be an accepted or active participant in an internship or practicum in a TORCH Member healthcare facility;
- (2)** Submit this completed application form, resume, and a signed recommendation letter by the internship program director or supervisor; and
- (3)** Attach a one-page personal statement that demonstrates both commitment to rural healthcare and interest in pursuing a career in the healthcare industry.

Application Deadline: The application and all required documents must be received by the TORCH Foundation by: **Friday, March 13, 2015**

Please complete the following application front and back.

Personal Information:

Full Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

U.S. Citizen? ____ State or Country of Official Residence: _____ Expected Graduation Date: _____

2015 Internship Program Information:

Internship Healthcare Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ County: _____

Internship Program Director/Supervisor Name: _____

Contact Phone: _____ Contact E-mail: _____

Internship Prog. Name: _____ Start Date: _____ End Date: _____

Department: _____ Hours Worked per Week: _____

Duties Performed: _____

What is the most important thing you have learned or hope to learn from your internship experience?

Signature: _____ Date: _____

***Please mail, e-mail or fax completed application form and any additional requested documents to:**

TORCH

Attn: Carrie Ruiz

P.O. Box 203878, Austin, TX 78720

Office: (512) 873-0045 / Fax: (512) 873-0046 / Email: cruiz@torchnet.org