

# The TORCH Foundation

Announces the Availability of the



## 2017 Texas Rural Healthcare Internship Stipend Award

**Award Amount: \$1,000**

The TORCH Foundation 2017 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: Monday, April 3, 2017**

*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](mailto:cruiz@torchnet.org) or (512) 873-0045.*

# TORCH Foundation



## 2017 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: **Monday, April 3, 2017**

*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: \_\_\_\_\_

**2017 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](mailto:cruiz@torchnet.org)