



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

College/University: \_\_\_\_\_

Major: \_\_\_\_\_

Date of Expected Graduation: \_\_\_\_\_

Availability if selected: \_\_\_\_\_

**Please attach:**

- **Resume**
- **Cover Letter**
- **Transcript**
- **A typed response answering why you would like to be a child life practicum student at Oishei Children's Hospital.**