

Miami-Dade County Public Schools

2010-2011

OFFICE OF COMMUNITY SERVICES

1450 NE 2nd Avenue, Room 202, Miami, FL 33132 Phone: 305 995-3050

Honors and Executive Internship Program (HEIP) Application

Applications must be **received** by May 28, 2010. Students with incomplete or late applications will not be accepted into the Honors and Executive Internship Program. Applications are processed in the order they are received. Make a **photocopy** of the application for your records. Please note: as some career choices have limited mentor participation, internship placement is not guaranteed. Please print or type all information.

Last Name		First Name		ID#	Check one: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2	
Home Address			City	Zip Code	Home Phone () -	
Student's Email Address						
School		Current Grade	Date of Birth	Age	Ethnicity	Sex
Father/Guardian Name			Work Phone		Cell Phone	
Mother/Guardian Name			Work Phone		Cell Phone	
Number of Internship Credits Desired Check one: <input type="checkbox"/> 1 credit <input type="checkbox"/> 2 credits		Projected Internship Period(s)-Check all that apply (MAX 2): <input type="checkbox"/> period 5 <input type="checkbox"/> period 6 <input type="checkbox"/> period 7 <input type="checkbox"/> Other: _____				
Have you ever participated in the Gifted program? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever participated in the ESOL program? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently on free or reduced lunch? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Computer Skills Please check all computer skills that you have a reasonable working knowledge of: <input type="checkbox"/> word processing <input type="checkbox"/> JAVA <input type="checkbox"/> Photoshop <input type="checkbox"/> spread sheet <input type="checkbox"/> C++ <input type="checkbox"/> 3D graphics/ animation <input type="checkbox"/> data base <input type="checkbox"/> HTML <input type="checkbox"/> hardware upgrades <input type="checkbox"/> CAD <input type="checkbox"/> web page design <input type="checkbox"/> hardware repairs <input type="checkbox"/> Flash <input type="checkbox"/> networking <input type="checkbox"/> other: _____						
Transportation: I understand that transportation to and from the internship placement site is the student's responsibility. The student's mode of transportation will be (check all that apply): <input type="checkbox"/> public transportation <input type="checkbox"/> car (self) <input type="checkbox"/> car (parent/relative) <input type="checkbox"/> other: _____ I also understand certain specialized internships (such as medical research) may require extensive traveling and parking fees.						

Honors and Executive Internship Program (HEIP)

Indicate two (2) **CHOICES**. Use 1 and 2 to indicate order of preference.

<p>❖ BIOLOGICAL SCIENCES</p> <p>___ Biochemistry (Prereq: AP Bio or AP Chem)</p> <p>___ Botany</p> <p>___ Ecology</p> <p>___ Genetics (Prereq. AP Bio or AP Chem)</p> <p>___ Marine Science (mostly at UM-Key Biscayne)</p> <p>___ Zoology</p>	<p>❖ ENGINEERING (strong math background)</p> <p>___ Biomedical</p> <p>___ Civil/Structural</p> <p>___ Electrical/Computer</p> <p>___ Environmental</p> <p>___ Industrial</p> <p>___ Mechanical</p>
<p>❖ BUSINESS</p> <p>___ Accounting</p> <p>___ Marketing</p> <p>___ Public Relations</p> <p>___ Finance</p>	<p>❖ JOURNALISM (PRINT) ___</p>
<p>❖ CHEMISTRY ___ (prerequisite: AP Chemistry)</p>	<p>❖ LAW ___ POLITICS ___</p> <p>❖ LAW ENFORCEMENT ___</p>
<p>❖ COMPUTER SCIENCE (Strong skills or experience required)</p> <p>___ Networking</p> <p>___ Information Technology</p> <p>___ Programming</p>	<p>❖ MEDICAL/HEALTH PROFESSIONS</p> <p>___ Administration</p> <p>___ Doctor's Office</p> <p>___ Forensics (extremely limited enrollment)</p> <p>___ Nursing</p> <p>___ Physical Therapy</p> <p>___ Research (U of M Medical Campus) (prerequisites: AP Bio or AP Chem)</p> <p>___ Hospital (List Hospital Preference: _____)</p>
<p>❖ VETERINARY ___</p>	<p>❖ METEOROLOGY ___ (limited enrollment)</p>
<p>❖ EDUCATION</p> <p>___ Middle School: (List Subject Area: _____)</p> <p>___ Elementary School: (Select Grade Level: ___ Early Childhood (grades K-2) ___ Intermediate (grades 3-5)</p>	<p>❖ PHYSICS ___ (Prerequisite: AP Physics)</p>
	<p>❖ PSYCHOLOGY ___ (limited placements available... most placements are made with a middle school trust counselor)</p>

If you arrange for your **own Mentor** (no family members or friends), fill out the following:

*Proposed Mentor Name: _____ Business Name: _____
 Type of Business: _____
 Business Address: _____ City _____ Zip Code _____
 Phone/Fax #: _____ / _____

****A Formal letter of intent from your proposed mentor must be forwarded with your application.***

Honors and Executive Internship Program

Please type or print:

1. What do you plan to do after high school graduation?

2. What are your career goals?

I certify that the information pertaining to this entire application is correct and complete. I also understand the applicant must maintain a minimum 3.0 unweighted GPA and will follow all rules and regulations as set forth in the 2009-2010 Internship Handbook which can be accessed (after May 1, 2009) at the web site <http://community.dadeschools.net>, then clicking on the internship link. I also agree to read the monthly HEIP Newsletter, which will give current information about the program. Upon receipt of the ACCEPTANCE letter to the program, the applicant will present this letter to their COUNSELOR at their school and REGISTER for the HEIP course (the course codes are on the upper right of your Acceptance Letter). Please make sure your counselor uses only the course code(s) that are on your acceptance letter! On the student's report card and transcripts, the HEIP course will be named Research I, or Research II, etc.

Applicant signature _____ **Date** _____

Parent signature _____ **Date** _____

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Honors and Executive Internship Application

Applications without parent/guardian AND student signatures will not be processed.

Parent Permission Form & Liability Waiver

INSTRUCTIONS FOR PARENT(S)/GUARDIAN(S) AND STUDENT:

1. The Honors and Executive Internship Program is to be a regular part of my son's/daughter's academic program and must be considered of equal importance.
2. The purpose of the Honors and Executive Internship Program is to enhance educational opportunities for the student. If the student does not meet and maintain program or school requirements, he/she may receive a failing grade and/or may be removed from the program.
3. The mentors are carefully chosen and their work sites are well established in a particular career. It is the student's responsibility to adjust to the circumstances at the placement site.
4. Parent(s)/Guardian(s) will provide medical/accidental insurance for their son/daughter while the student participates in the Honors and Executive Internship Program either through the school insurance plan or a family insurance plan.
5. Transportation to and from the placement site is the student's responsibility.
6. All internships are conducted during normal business hours and are at the specific internship site. No alternative locations are approved.
7. Your son/daughter is applying to the Honors and Executive Internship Program and must furnish his/her own transportation. The activities of the student are supervised by the community mentor to whom the student is assigned and by the advisors from the Miami-Dade County Public Schools while either on School Board property or at the mentor's location. Your signature in the space below is your permission for your son/daughter to participate under the conditions stipulated. While The School Board of Miami-Dade County, Florida, and the mentor will take all usual precautions to safeguard your son/daughter against accidents while under either entity's control, you should realize that neither the School Board nor the mentor can be responsible for your son/daughter while providing his/her own transportation to and from the program. These additional hazards should be evaluated carefully prior to signing this form.

I understand and agree to the above conditions that are required for participation in the Honors and Executive Internship Program. I give consent for my child to participate.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

I understand and agree to the above conditions that are required for participation in the Honors and Executive Internship Program.

Student Name (please print)

Student Signature

Date

HONORS and EXECUTIVE Internship Program (HEIP) Application

A research paper or project **MUST** be completed by the intern. The topic choice is to be approved by the mentor. A partially completed or outlined paper or project, graded by the mentor, will serve as the intern's Midterm Exam grade, and the completed paper or project, graded by the mentor, will serve as the Final Exam grade.

Emergency Contact Information

A parent/guardian MUST complete the emergency contact information below.

Parent/Guardian Emergency Contact Information:	Parent/Guardian Emergency Contact Information:
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cellular Phone:	Cellular Phone:
Beeper:	Beeper:
Email:	Email:

Insurance Confirmation

A parent/guardian MUST complete Part A OR Part B of the insurance confirmation below.

- Part A is for those parents and students who subscribe to the optional insurance plan made available through their senior high school.
- Part B is for those parents and students who have a private insurance plan.

Part A: School Insurance

The above named student **will** subscribe to the accident insurance purchased through the optional insurance plan made available at his/her home school at the beginning of the school year. The above named student, during the hours of participation in the HEIP, will be covered by this accident insurance.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

OR

Part B: Private Insurance

The above named student will be covered by accident insurance provided through our family plan or other private plan that will cover our child during the hours of participation in the HEIP.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

REMEMBER TO KEEP A PHOTOCOPY OF THIS APPLICATION!!!!