2010-2011

Miami-Dade County Public Schools 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	Firs	First Name		II	ID#		Check one: ☐ Year 1 ☐ Year 2	
Home Address		Ci	ty		Zip Coo	de	Home Phon	3
Student's Email Address		-						
School		Curren	t Grade	Date o	of Birth	Age	Ethnicity	Sex
Father/Guardian Name			Work Phone		Cell	Cell Phone		
Mother/Guardian Name			Work Phone		Cell	Cell Phone		
Number of Internship Credits Desire Check one: ☐ 1 credit ☐ 2 cred		rojected period		nip Period eriod 6	d(s)-Che □ peri		that apply (N □ Other: _	1AX 2):
the Gifted program? th	lave you ever participated in he ESOL program? Check one: Yes No			Are you currently on free or reduced lunch? Check one: □ Yes □ No				
Computer Skills Please check all computer skills that word processing spread sheet data base CAD	you ha] JAVA] C ⁺⁺] HTML] web ¡	ave a rea	asonable	working	knowled ☐ Pho ☐ 3D ☐ hard	dge of toshop graphi dware dware	:	
☐ Flash ☐ networking ☐ 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): ☐ public transportation ☐ car (self) ☐ car (parent/relative) ☐ other: ☐ I also understand certain specialized internships (such as medical research) may require extensive traveling and parking fees.								

Indicate two (2) CHOICES . Use 1 and 2 to indicate order of preference.				
 ❖ BIOLOGICAL SCIENCES Biochemistry (Prereq: AP Bio or AP Chem) Botany Ecology Genetics (Prereq. AP Bio or AP Chem) Marine Science (mostly at UM-Key Biscayne) Zoology 	 ENGINEERING (strong math background) Biomedical Civil/Structural Electrical/Computer Environmental Industrial Mechanical 			
BUSINESS Accounting Marketing	❖ JOURNALISM (PRINT)			
Public RelationsFinance	LAW POLITICSLAW ENFORCEMENT			
CHEMISTRY (prerequisite: AP Chemistry)	❖ MEDICAL/HEALTH PROFESSIONS			
 ❖ COMPUTER SCIENCE (Strong skills or experience required) Networking Information Technology Programming ❖ VETERINARY 	AdministrationDoctor's OfficeForensics (extremely limited enrollment)NursingPhysical TherapyResearch (U of M Medical Campus)			
 EDUCATION Middle School: (List Subject Area: Elementary School: (Select Grade Level: 	❖ METEOROLOGY (limited enrollment)			
	❖ PHYSICS (Prerequisite: AP Physics)			
Early Childhood (grades K-2)Intermediate (grades 3-5)	❖ PSYCHOLOGY (limited placements available most placements are made with a middle school trust counselor)			
If you arrange for your own Mentor (no family members or	friends), fill out the following:			
*Proposed Mentor Name: I Type of Business: City	Business Name:			
Business Address:				

^{*}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 Internship Handbook which can be accessed (after May) 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		

Miami-Dade County Public Schools OFFICE OF COMMUNITY SERVICES

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.

Honors and Executive Internship P	•	•		
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		

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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			
Name:	Name:			
Home Phone:	Home Phone:			
Work Phone:	Work Phone:			
Cellular Phone:	Cellular Phone:			
Beeper:	Beeper:			
Email:	Email:			
 A parent/guardian MUST complete Part A OF Part A is for those parents and students who su available through their senior high school. Part B is for those parents and students who had Part A: School Insurance The above named student will subscribe to the sinsurance plan made available at his/her home schonamed student, during the hours of participation insurance. 	abscribe to the optional insurance pare a private insurance plan. accident insurance purchased throughout the beginning of the school	lan made ugh the optional year. The above		
Parent/Guardian Name (please print) Parent/	Guardian Signature	Date		
OR				
Part B: Private Insurance				
The above named student will be covered by accident other private plan that will cover our child during the student will be covered by accident with the covered by accident will be covered by accide				
	Guardian Signature COPY OF THIS APPLICATION!!!!	Date		