Granite State Physicians for a National Health Program

Application for 2019 Summer Internship

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

**Medical/Grad School**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Preferred Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #/Best Times to call**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Mailing Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates Available for Summer Internship**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Interest:** Please provide/attach a cover letter explaining why you are interested in this internship. This might include how you came to be interested in single payer or other health systems, what you wish to learn and what might be personal goals for this program. Also, what possible project(s) have you thought about for this internship?

**Resume:** Please provide/attach a summary of education, employment and other volunteer, advocacy or work experiences.

**Letter of Reference**

Please provide a **letters of reference** from someone who can speak to your ability to take initiative and to work independently. Ideally, such a reference should have been a former supervisor or someone who has known you for at least three years. (We will initiate interviews pending same.)

Please provide 2 additional references if able.

**Please submit this information to:**

[**Kenneth.Dolkart@dartmouth,edu**](mailto:Kenneth.Dolkart@dartmouth,edu) **or Donald.Kollisch@dartmouth.edu**

**or mail to**

**Kenneth Dolkart MD**

**P.O. Box 588**

**Grantham, NH 03753**

**Thanks for Your Interest! We look forward to hearing from you.**