



EBCI PUBLIC HEALTH & HUMAN SERVICES  
 REGULATORY & COMPLIANCE DEPARTMENT  
 DOLACT & DØVWET  
 CHEROKEE, NC 28719



## 2024 PHHS Summer Internship Program

### Eligibility Requirements:

- 1) Be an EBCI tribal member and reside in Cherokee, Graham, Haywood, Jackson, or Swain County.
- 2) Submit to and receive favorable results of a drug screening, background check, and have at least a 2.5 GPA.
- 3) Be a rising college junior or senior and interested in a Public Health or Human Service-related field.

### Additional Documents to submit with this application:

- 1) Tribal Enrollment document, Social Security Card, and Driver's License (if applicable)
- 2) Transcript indicating your current GPA
- 3) A Resume

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Physical Address</b>	<b>City</b>	<b>State</b>	<b>zip</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Email Address</b>	<b>D.O.B</b>

		(    )
<b>Enrollment Number</b>	<b>Current GPA</b>	<b>Phone Number</b>
		<input type="checkbox"/> <b>Full-time</b>
<b>Current Year</b>	<b>Current Semester</b>	<input type="checkbox"/> <b>Part-time</b>
<b>Degree</b>		<b>Major</b>
<b>Educational Institution Attending</b>		<b>Graduation Date:</b>



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**Disclaimer & Signature**

I certify that the information provided is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification and I may have to provide additional documentation to support this application. By signing below, I acknowledge that I understand I am subject to immediate termination if I am found ineligible after enrollment or approval to participate and may be prosecuted for fraud and/or perjury. I allow the release of this information for verification purposes and to determine my eligibility for the program services.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**For Official Use Only**

<b>Applicant is Qualified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rating:</b>
<b>Staff Signature:</b>	<b>Date:</b>



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