



MEMORIAL HEALTH SYSTEM

High School Internship Recommendation Form

*Please provide this form to your high school guidance counselor for completion long with a copy of high school transcript by **Friday, March 19th, 2020.***

Student Name: _____

High School: _____ Student's Current Grade: _____

Guidance Office Information:

Cumulative High School GPA _____
(Please also submit a copy of high school transcript)

Good Attendance

Number of Absences for Current School Year _____

Number of Tardies for Current School Year _____

No Serious Discipline

Higher Level of Maturity

Guidance Counselor's Recommendation Comments: _____

Please email this form and transcript to Memorial Health System, Human Resources at ashfought@mhsystem.org or fax to 740-568-5383. Please contact us at 740-374-4965 if you have any questions. Thank you for your assistance.