



# 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 31<sup>st</sup>, 2023.***

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](mailto: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.