

Colorado Area Health Education Center System 2010 Summer Health Careers Institute



APPLICATION PACKET COVER SHEET

(This cover page must be included as the cover page of your Application Packet.)

Name: _____
Phone: _____

APPLICATION CHECKLIST

(Please submit documents in this order)

- 1. **Application Packet Cover Sheet**
Maximum Points: 5
- 2. **Completeness of Application**
All Blanks Filled In
Parent / Guardian Signature on Application
Student Signature on Application
Maximum Points: 30
- 3. **Volunteer / Work Experience**
Maximum Points: 15
- 4. **2009-2010 High School Transcript**
Maximum Points: 5
- 5. **Essay Completed**
Maximum Points: 15
- 6. **High School Teacher Recommendation Form**
Teacher Signature on Recommendation Form
Maximum Points: 10
- 7. **Letters of Recommendation One**
Maximum Points: Points: 10
- 8. **Letters of Recommendation Two**
Maximum Points: Points: 10

**Application Packets must be postmarked no later than March 31, 2009.
Late or incomplete applications will not be accepted.
Mailing address may be found on the application.**

Regional AHEC: Internal Purposes ONLY

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Centennial
AHEC | <input type="checkbox"/> Central
Colorado
AHEC | <input type="checkbox"/> San Luis
Valley AHEC | <input type="checkbox"/> Southeastern
Colorado AHEC | <input type="checkbox"/> Western
Colorado AHEC |
|---|--|--|--|---|

Colorado Area Health Education Center System 2010 Summer Health Careers Institute

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME: _____ FIRST NAME: _____ BIRTH DATE: _____

ADDRESS: _____ APT # _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

LAST FOUR DIGITS SOCIAL SECURITY NUMBER: _____ GENDER: Male Female

ETHNICITY/RACE (Check One): African-American (not Hispanic)
 American Indian / Native American or Alaskan Native/Aleut
 Asian or Pacific Islander
 Caucasian, European or White
 Latino / Hispanic

EDUCATION

HIGH SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ ZIP CODE: _____

Unweighted GPA*: _____ (*A copy of your school transcript will be required.)

2009-2010 School Grade: Freshman (9th) Sophomore (10th) Junior (11th) Senior (12th)
Note: You must be 16 by June 1, 2010 to attend the Summer Health Career Institute

PARENT / GUARDIAN INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

DAY PHONE: _____ EMAIL: _____

CELL PHONE: _____

RELATIONSHIP TO STUDENT: _____

VOLUNTEER / WORK EXPERIENCE

Please provide detailed information regarding your volunteer and work experience:

Agency: _____ Position: _____

Supervisor Name: _____ Supervisor Phone: _____

Dates: From: _____ To: _____ Number of Volunteer Hours: _____

Describe your volunteer or work experience:

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VOLUNTEER / WORK EXPERIENCE continued

Agency: _____

Position: _____

Supervisor Name: _____

Supervisor Phone: _____

Dates: From: _____

To: _____

Number of Volunteer Hours: _____

Describe your volunteer or work experience:

Agency: _____

Position: _____

Supervisor Name: _____

Supervisor Phone: _____

Dates: From: _____

To: _____

Number of Volunteer Hours: _____

Describe your volunteer or work experience:

If needed, you may submit additional Volunteer / Work Experience on a separate sheet of paper.

DISCLAIMERS / REQUIRED SIGNATURES

Dates I am available to attend (check one):

- June 6-11, 2010 Week One **ONLY**
 July 18-23, 2010 Week Two **ONLY**
 Either Week One or Week Two dates will work for me.

STUDENT STATEMENT: *By signing below, I certify that all the above information and requested attachments is true to the best of my knowledge. If selected, I agree to participate in the 2010 Summer Health Careers Institute to my fullest potential. I also agree to abide by the rules, regulations and complete the entire week of the Summer Health Careers Institute unless conditions arise that are beyond my control.*

Date: _____

Student Signature

PARENT/GUARDIAN STATEMENT: *I give my permission for my son/daughter to participate in all Summer Health Careers Institute trips and programs. I understand upon acceptance into the program, my son/daughter is required to provide a copy of their up-to-date immunization records. I understand I will not hold the Colorado AHEC System or Regional AHEC Center responsible for any accidents that may occur while my son/daughter is participating in the program or at the job shadow site during the Institute. I certify that I have read and fully understand the context of this statement.*

Date: _____

(Please PRINT) Parent / Guardian Name

Parent / Guardian Signature

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ESSAY

Each applicant must submit an essay addressing the following questions below.

(Completeness Value: 15 points)

Instructions

Be sure to include your full name and date of birth (mm/dd/yyyy) on the top of the page of the essay.

- a. Why do you want to attend the Summer Health Careers Institute?
- b. What are your current thoughts about attending college?
- c. What is your current career goal(s) and why?
- d. If you were selected, what would be your expectation of the Summer Health Careers Institute?

This must be included in your Applicant Packet. Refer to the Application Packet Cover Sheet.

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TEACHER RECOMMENDATION FORM

Instructions:

Student: Please give this form to a non-parent teacher of your choice in an academic subject.

Teacher: Please complete recommendation form and return to the student.

Completeness Value: 10 points

Student Last Name: _____ Student First Name: _____

1. What is your relationship to the student and class you teach? (e.g., biology teacher for one semester, etc.)

2. How would you assess this student's classroom attendance? (*Please Check One*)

Excellent (missed 5 days or less) Good (missed 6-10 days) Poor (missed more than 10 days)

Comments:

3. How would you assess this student's conduct and behavior? (*Please Check One*)

Excellent (proper conduct) Good (proper conduct at most times) Poor (improper conduct)

Comments:

4. Please comment on this student's intent to pursue post-secondary education and/or a health career.
(*Please Check One*)

Definite plans/goals Student may pursue higher education Does not intend to pursue higher education

Comments:

5. What is your overall assessment of this student as a *Summer Health Careers Institute* participant?
(*Please Check One*)

Outstanding (best candidate) Good (solid student with potential) Poor (would not recommend)

Comments:

Teacher's Name (*please print*): _____

_____ Date:

Teacher's Signature _____

Teacher Email: _____

**Colorado Area Health Education Center System
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LETTER OF RECOMMENDATION - ONE

Student Last
Name: _____

Student First
Name: _____

Completeness Value: 10 points

Instructions

The mission of the **Summer Health Careers Institute** is to encourage underrepresented high school students from all regions of the state to pursue a career in health care. By fostering high academic performance, identifying and utilizing available resources, mentoring and enhancing social skills through university-based programs and activities, the institute seeks to facilitate the transition from high school to college and increase the student's potential for successful completion of health professions.

Please obtain one Letter of Recommendation from person(s) not related to you asking them to state why they think you would be a good candidate for the institute.

Letter of Recommendation One (1) letter must be obtained from someone who knows you in the community and is NOT a teacher (i.e. church, work, neighbor, etc.).

Completed Letter of Recommendation One should be given to the student.
The student will submit the letter with their student Applicant Packet.

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LETTER OF RECOMMENDATION - TWO

Student Last
Name: _____

Student First
Name: _____

Completeness Value: 10 points

Instructions

The mission of the **Summer Health Careers Institute** is to encourage underrepresented high school students from all regions of the state to pursue a career in health care. By fostering high academic performance, identifying and utilizing available resources, mentoring and enhancing social skills through university-based programs and activities, the institute seeks to facilitate the transition from high school to college and increase the student's potential for successful completion of health professions.

Letter of Recommendation Two (2) letter may be obtained from anyone of your choice (i.e. teacher, school guidance counselor, community/neighborhood member, church leader or any adult who knows enough about you to recommend you to attend this Institute).

Completed Letter of Recommendation Two should be given to the student.
The student will submit the letter with their student Applicant Packet.