

# Colorado Area Health Education Center Program 2011 Summer Health Careers Institute



## Colorado Area Health Education Center Program 2011 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)*

SINGLE SIDED COPIES ONLY. DO NOT STAPLE. PAPERCLIPS ARE ACCEPTABLE.  
DOUBLE SIDED APPLICATIONS OR STAPLED APPLICATIONS WILL HAVE 10 (TEN) POINTS DEDUCTED.

- 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: 25
- 3. Job Shadowing Forms Completed**  
Maximum Points: 5
- 4. Volunteer / Work Experience**  
Maximum Points: 15
- 5. 2010-2011 High School Transcript**  
Maximum Points: 5
- 6. Essay Completed**  
Maximum Points: 15
- 7. High School Teacher Recommendation Form**  
Teacher Signature on Recommendation Form  
Maximum Points: 10
- 8. Letters of Recommendation One**  
Maximum Points: Points: 10
- 9. Letters of Recommendation Two**  
Maximum Points: Points: 10

Application Packets must be received no later than March 31, 2011.

Late or incomplete applications will not be accepted.

Mailing address may be found on the application.

#### Regional AHEC: Internal Purposes ONLY

CAHEC     Central     SLVAHEC     SECAHEC     SWAHEC     WCAHEC

Internal Purposes ONLY

Week Desired:     ONE     TWO     EITHER

# Colorado Area Health Education Center Program 2011 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.)

2010-2011 School Grade:  Freshman (9<sup>th</sup>)  Sophomore (10<sup>th</sup>)  Junior (11<sup>th</sup>)  Senior (12<sup>th</sup>)  
*Note: You must be at least 16 and no older than 17 by June 1, 2011 to attend the Summer Health Career Institute. No students aged 18 or over at the time of the program will be accepted.*

## 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 5-11, 2011 Week One **ONLY**
- July 10-16, 2011 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 2011 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 Program 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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# Colorado Area Health Education Center Program 2011 Summer Health Careers Institute



## 2011 Summer Health Careers Institute Career Education Learning Experience: Job Shadowing

NAME: \_\_\_\_\_  
 PARTICIPANT CELL: \_\_\_\_\_  
 AHEC \_\_\_\_\_

I am attending (Check only one):

Week One: June 5-11, 2011       Week Two: July 10-16, 2011

On Thursday during the Summer Health Career Institute participants will engage in a Career Education Learning Experience shadowing a health professional. Although every attempt to match participants with their greatest areas of interest will be made, it cannot be guaranteed.

**Please rank in order your top three areas of health career interests using the following scale:**

- 1 = first greatest interest  
 2 = second greatest interest  
 3 = third greatest interest

Rank	Health Profession	Specialty Letter*
	Dental Hygiene	
	Dentist	
	Nurse	
	Pharmacist	
	Physical / Occupational Therapist	
	Physician Assistant	
	Physician	
	Psychologist / Counselor	
	Research	
	Social Worker	
	Veterinarian	

\* For specialty above, please write in letter(s) [i.e. A, B, C etc] corresponding to the specialty below.

Specialty Option	Letter
A. Cardiology	<b>A</b>
B. Emergency Medicine / Trauma	<b>B</b>
C. Family Practice	<b>C</b>
D. Neurology	<b>D</b>
E. Orthopedics / Sports Medicine	<b>E</b>
F. Pathology	<b>F</b>
G. Pediatrics / Obstetrics / Gynecology	<b>G</b>
H. Radiology	<b>H</b>
I. Surgery	<b>I</b>

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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. Essays should be between 300 and 500 words. It is suggested that essays be typed.

- 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: \_\_\_\_\_

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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 or family member (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; this may not be a family member).

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

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