

2014

**Summer Health
Careers Institute**

THE PURPOSE

- ◆ To encourage high school students with abilities in math and science to pursue health careers
- ◆ To provide these students with information and experience, which will help them, make intelligent educational career choices.

During the three week program students will explore various medical / health professions as well as have the opportunity to tour health care facilities; discuss career options with professors and health practitioners; and shadow a health professional during their 75 hour paid Career Learning Education Experience. Throughout the school year students and parents will take part in 4 pre-collegiate planning sessions, known as the Student Health Career Guild.

WHEN & WHERE

Monday, June 2 – 6 & 9-12, 2014
Monday, June 19, 2014
Four meetings TBD

Adams State University
Career Learning Education Experience (75 hours)
Student Health Career Guild

CAMPUS PROGRAM

The participants will live on campus at Adams State University. The SLV-AHEC will provide rooms, meals and tuition for the students at no expense to the students.

HOW TO APPLY

Your school Counselor has the application form with which to apply. Please type or print legibly. Applications must be submitted to the SLV AHEC office by April 15, 2014. SLV AHEC P.O. Box 1657 Alamosa, CO 81101.

ELIGIBILITY

For acceptance into program, applicants must have a GPA of 2.5 or above. Students must be at least 16 by June 19, 2014.

SELECTION CRITERIA

A selection committee will review and then, accept or reject applications. Applicants who are selected will be notified by April 30, 2014.

JOB PLACEMENT

Each student will take part in a 2 weeks Career Learning Education Experience at a health facility in the San Luis Valley at minimum wage following the campus programs.

For more information call Lisa Lucero at (719) 589-4977, (719) 588-5363, (719) 589-4978 (FAX)

San Luis Valley Area Health Education Center Program
2014 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: 5
- 3. **Volunteer / Work Experience**
Maximum Points: 20
- 4. **Career Learning Education Experience**
Maximum Points: 10
- 5. **2012-2013 High School Transcript**
Maximum Points: 5
- 6. **Essay Completed**
Maximum Points: 25
- 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 April 15, 2014.

Late or incomplete applications will not be accepted.

Mailing address may be found on the application.

**San Luis Valley Area Health Education Center Program
2014 Summer Health Careers Institute**

APPLICANT INFORMATION (PLEASE PRINT)

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

ADDRESS: _____ APT # _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

CELL PHONE: _____ 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 is required.)

IN THE FALL OF 2013 I WILL BE A: Freshman (9th) Sophomore (10th) Junior (11th) Senior (12th)

Note: You must be at least 16 by June 17, 2014 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: _____

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 2014 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 SLV 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 _____

**San Luis Valley Area Health Education Center Program
2014 Summer Health Careers Institute**

VOLUNTEER / WORK EXPERIENCE

Completeness Value: 20 points

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:

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:

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.

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

**San Luis Valley Area Health Education Center Program
2014 Summer Health Careers Institute**

Career Learning Education Experience

Completeness Value: 10 points

Participant Last Name: _____

Participant First Name: _____

Participants will engage in a 75 hour paid Career Education Learning Experience at a local health facility. 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
	Dental Hygiene
	Dentist
	Nurse
	Pharmacist
	Physical / Occupational Therapist
	Physician Assistant
	Physician
	Psychologist / Counselor
	Veterinarian
	Social Worker
	Other

Note: Although we try to place students with either their first second or third choices, we cannot guarantee placement.

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

San Luis Valley Area Health Education Center Program
2014 Summer Health Careers Institute

ESSAY

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

Completeness Value: 25 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.
Typed essays should be between 300 and 500 words.

- a. Why do you want to attend the Summer Health Careers Institute?
- b. What are your current college plans?
- 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.

DO NOT STAPLE OR DOUBLE SIDE APPLICATION MATERIALS. PAPERCLIPS ARE ACCEPTABLE.
DOUBLE SIDED APPLICATIONS OR STAPLED APPLICATIONS WILL HAVE 10 (TEN) POINTS DEDUCTED.

**San Luis Valley Area Health Education Center Program
2014 Summer Health Careers Institute**

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: _____

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

**San Luis Valley Area Health Education Center Program
2014 Summer Health Careers Institute**

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 San Luis Valley 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.

DO NOT STAPLE OR DOUBLE SIDE APPLICATION MATERIALS. PAPERCLIPS ARE ACCEPTABLE.
DOUBLE SIDED APPLICATIONS OR STAPLED APPLICATIONS WILL HAVE 10 (TEN) POINTS DEDUCTED.

San Luis Valley Area Health Education Center Program
2014 Summer Health Careers Institute

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 San Luis Valley 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.

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