

2008 SUMMER HEALTH CAREERS INSTITUTE

**All information contained within this application will not be shared with any persons other than Summer Health Career Institute staff of the Area Health Education Centers (AHEC).*

I. STUDENT'S DEMOGRAPHIC INFORMATION: (Completeness Value: 2 points)

Student's Name (Last, First and Middle Initial) Date of Birth (mm/dd/yyyy)

Street Address/P.O. Box, City, State and Zip Code

Email Address: _____ Gender (circle one): Male Female

Phone #: _____ Cell Phone # (if applicable): _____

Ethnicity/Race (check one):
 African-American (not Hispanic)
 Alaskan Native/Pacific Islander/Native American
 Asian Caucasian Hispanic

Name of High School Currently Attending Location of School (city)

Do you need any accommodations, e.g. physical? Yes No If yes, please explain: _____

II. PARENT/GUARDIAN(S) DEMOGRAPHIC INFORMATION: (Completeness Value: 2 points)

Parent/Guardian(s) Name Relationship to the student

Street Address/P.O. Box, City State and Zip Code

(_____) _____
Best way to reach you Home/Cell Phone Number

Occupation Email (if applicable)

Emergency Contact (other than parent/guardian) Relationship to the student

(_____) _____
Home/Cell Number Work Number

List two (2) adults over the age of 18 who are authorized to pick-up/transport you during the Institute. Please be advised that no student is to leave the campus or the Institute with anyone other than camp staff until the end of camp.

1. Name: _____ Relationship to student: _____

2. Name: _____ Relationship to student: _____

Applications Must Be Postmarked By: Tuesday April 1, 2008
CAMP DATES – June 22 – June 27, 2008
Late or incomplete applications will not be accepted.

It is **MANDATORY** both parent/guardian and student sign this application to be considered. **NO EXCEPTIONS**. In addition, if accepted, you will be asked to sign a *Contract of Intent* to participate in this program

VII. PARENT/GUARDIAN STATEMENT: *I give my permission for my son/daughter to participate in all Summer Health Careers Institute trips and programs. I understand I will not hold AHEC Center Name or Central Colorado Area Health Education Center responsible for any accidents that may occur while my son/daughter is participating in the program or at the worksite during the Institute. I certify that I have read and fully understand the context of this statement.*

Parent/Guardian Signature

Date

VIII. STUDENT STATEMENT: *By signing below, I certify all the above information is true to the best of my knowledge. If selected, I agree to participate in the Summer Health Careers Institute to my fullest potential. I also agree to complete the Summer Health Careers Institute unless conditions arise that are beyond my control.*

Student Signature

Date

Return completed application no later than April 1, 2008, to:

**Colorado AHEC System
University of Colorado Denver Health Sciences Center
Mail Stop F433 PO Box 6508
Aurora, Colorado 80045**

**Attention: Dan Navarro
303-724-0753 Phone
303-724-0891 Fax**

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Student: Please fill 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.

IX. HIGH SCHOOL TEACHER'S RECOMMENDATION: (Completeness Value: 7 points)

Student's Name (Last, First, Middle Initial)

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 CIRCLE 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 CIRCLE 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 CIRCLE 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?

Outstanding (best candidate)

Good (solid student with potential)

Poor (would not recommend)

Comments: _____

Teacher's Name (printed)

Teacher's Signature

Date

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Student: Please obtain two (2) additional letters of recommendation from someone not related to you. 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.). The second (2nd) letter may be obtained from anyone of your choice (i.e. school guidance counselor, another teacher, community/neighborhood member, church leader or any adult who knows enough about you to recommend you to attend this Institute).

X. LETTER OF RECOMMENDATION: [Completeness Value: 14 points (7 points for each letter)]

_____ asks that you write a letter of recommendation to accompany
(Student's name)

his/her application for the **2008 Summer Health Careers Institute**. 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.

Summer Health Careers Institute is a one-week experience at the University of Colorado in Denver hosted by the Colorado AHEC System. Participants have the opportunity to explore health career options, shadow health care professionals, experience a college campus and live in college dorms.

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**ATTN: Dan Navarro
Colorado AHEC System
University of Colorado Denver Health Sciences Center
Mail Stop F433, PO Box 6508
Aurora, Colorado 80045
Fax: 303-724-0891**

For questions or additional information about the Institute, PLEASE contact your local Regional AHEC Center:

Centennial
AHEC
970-330-3608

Central Colorado
AHEC
303-724-0335

San Luis Valley
AHEC
719-589-4977

Southeastern Colorado
AHEC
719-544-7833

Western Colorado
AHEC
970-434-5474

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