

Health Career Preparation Programs Application

Student Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Students Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_\_\_\_\_ (Attach copy of Transcript)

Are you Hispanic or Latino? *(Check one)* Yes No

Which of these groups would you say best describes you? (Check one)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

More than one race

Some other race (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographic Location (circle one): **Rural** (of or relating to the country, country people or life, or agriculture) **Urban (**of, relating to, characteristic of, or constituting a city)

**Suburban (a:** an outlying part of a city or town **b:** a smaller community adjacent to or within commuting distance of a city **c:** the residential area on the outskirts of a city or large town)

Career Interests:

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

**1 = greatest interest 2 = second greatest interest 3 = third greatest interest**

\_\_\_\_\_Dentist \_\_\_\_\_Occupational Therapist \_\_\_\_\_Physician/Doctor \_\_\_\_\_Rehabilitation Therapist

\_\_\_\_\_Hospital Administration \_\_\_\_\_Pharmacy \_\_\_\_\_Psychologist \_\_\_\_\_Science Researcher

\_\_\_\_\_Nurse \_\_\_\_\_Physical Therapist \_\_\_\_\_Public Health \_\_\_\_\_Veterinarian

\_\_\_\_\_Nutritionist \_\_\_\_\_Physician Assistant \_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Applying For:

Please check the program you are applying for. If applying for more than one program, rank in order of preference using the following scale:

**1 = greatest interest 2 = second greatest interest**

\_\_\_\_\_UNF Health Degree Tours (Dates TBA)

\_\_\_\_\_Health Care Summer Clinical Site Tours (Celebration Banquet for Sessions A & B will be held on July 31, 2018)

 \_\_\_\_\_\_\_ Session A: July 5 – 17, 2018

\_\_\_\_\_\_\_ Session B: July 18 – 30, 2018

NOTE: *If selected for Health Care Summer Clinical Site Tours program, Northeast Florida AHEC will assign students to either Session A or Session B.*

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Student’s Personal Statement Essay:

Please write an essay that explains why you should be selected to attend our Health Career Preparation Programs. Include in your essay your interest in pursuing a health profession, career aspirations, work/volunteer experience and other relevant information that you would like to include. Also, if you were selected, what would be your expectation of the program, and how will this experience help you to achieve your career goals? Essays should be attached on a separate sheet of paper and should be typed, double spaced and in 12-point font. Essay should be approximately 300 words in length. **Handwritten essays will NOT be accepted.**

Student Medical Information:

Do you have allergies? If yes, please list below

Yes

 No

Please select the option that describes your diet (Check all that apply)

Normal diet

Vegetarian

Lactose intolerant

Gluten intolerant

Other \_\_\_\_\_\_\_\_\_\_\_\_\_

What Have We Forgotten to Ask? Please provide in the space below any additional information about your health.

Consent and Waiver

Parent/Guardian’s Information (Emergency Contact)

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from Student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best method of contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You **CANNOT** have any other obligations such as online classes or activities while attending the UNF or HCSCST programs. You understand and agree that if accepted, you will **NOT** participate in any other such obligation while attending the UNF and/or HCSCST programs.

PARENT: Students participating in the program will be transported to and from clinic and partner sites and supervised full time by Northeast Florida AHEC qualified staff. Students will also be photographed for our website and future presentations. By signing below, I give Northeast Florida AHEC permission to transport my son/daughter to and from clinic sites and colleges, and use his/her photograph on the company’s website and in future presentations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature Date

STUDENT: I hereby affirm that all information submitted in this application is true and accurate to the best of my knowledge. I understand that falsifying information on this application will result in my being disqualified from the application process. I also understand that I **CANNOT** have any other obligations such as online classes or activities while attending the UNF Tour or the HCSCST. I understand and agree that if accepted, I will **NOT** participate in any other such obligation while attending the UNF Tour or the HCSCST.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

Return Completed Application **by April 13, 2018** To:

Jennifer Smidt

Federal and Wellness Program Coordinator

Northeast Florida Area Health Education Center

2223 Oak Street

Jacksonville, FL 32204

(904) 482-0189 ext. 119

jsmidt@northfloridaahec.org