2011 Della Keats/U-DOC High School Summer Enrichment Program UNIVERSITY of ALASKA ANCHORAGE

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Della Keats/U-DOC Program Dates: June 19 – July 30, 2011
Accepting Applications beginning: December 15, 2010
Della Keats/U-DOC Application Deadline: March 29, 2011

Application Checklist:

- Complete application form (Write clearly or type)
- Attach essay question responses
- Submit a current high school transcript (Ask your high school counselor how to obtain your transcript)
- Submit two (2) completed recommendation forms (Note: One letter must be from a science or mathematics teacher)
- Include a current photograph of yourself

APPLICATION FORM

PERSONAL INFORMATION

1.	Last Name:	First Na	ame:		M.I
2.	Social Security Number (REQUIRED):		3. Phone	e #:	
4.	E-mail Address:		5. Messa	age Phone #:	
				(if different from home phone #)
6.	Address:				
	Street Address/P.O. Box Contact Address:	City	State		Zip Code
	(if different) Street Address/P.O. Box	City	State		Zip Code
7.	Gender: [] Female [] Male				
8.	Date of Birth:	9. Place o	f Birth:		
10.	Present Age:	11. Countr	y of Citizenship:		
12.	If not a U.S. citizen, are you a permanent resident?	[] No [] Ye	es .		
13.	How do you describe yourself? (Information collected	for federal reporting	purposes only)		
	[] Black/African American		[] Mainla	nd Puerto Rican	
	[] Asian/Pacific Islander		[] Other F	Hispanic	
	[] Native American (Tribe) [] White/	Caucasian	
	[] Alaska Native (Please Specify) [] Mexica	n-American	
	[] Other (Please Specify)		
14.	How many brothers and/or sisters do you have?	What are th	neir ages?		
EDU	CATIONAL BACKGROUND				
15.	High school presently attending:			City:	
16.	In what grade are you currently enrolled?	Junior []	Senior []	Other	
17.	What is the primary language spoken in your home? _				
18.	Did you study for more than one year in a school wher in a non-English speaking country) If so, in what year(s		0 0		, ,
19.	What were your scores on the following tests (if availa (Please attach a copy of your scores, if applicable.)	ble)?	SAT	SAT	ACT

20.	Science and Math Education List the titles of high school science and math course	es you've com	npleted, and list the grades you received	n each course.	
	COURSE	GRADE	COURSE		ADE
			-		
21.	Do you plan to attend college? [] Yes	[] No			
	For how long? [] 2 yrs. [] 4 yrs.	[] Other:	(Specify)		
22.	Have you attended any other summer programs? If yes, which program(s) and when?				
23.	What are your career choices at the present time?				
	1 st 2 ⁿ	d	3 rd		
ACT	IVITIES				
24.	A. List extracurricular and sports activities in which	you have bee	en involved while attending high school.		
			-		
	B. List any honors you have received while attending	ng high schoo	l.		
25.	List jobs (paying or volunteer) held during high school (babysitting and yard work may be included).	ol, noting dat	es you worked and the approximate num	ber of hours worked per wee	ek
	COMPANY	YOUR TIT	LE/POSITION	DATES & HOURS/WK	
		_		-	
26.	How did you find out about the Della Keats/U-DOC F	P program?			
27.	Have you previously participated in either the Della	Keats/U-DOC	or NIDDK STEP-UP Programs? If yes, wh	ich program and in what year	r(s)?

ESSAY QUESTIONS

28. We are interested in why you are seeking a health-care career and how an experience such as the Della Keats/U-DOC Summer Enrichment Program would be of benefit to you. Please provide detailed answers of 150 to 250 words for each of the following questions, *typed or neatly written on separate sheets*.

Α.	Which health-care profession (e.g. nursing, medicine, biomedical research) do you most want to pursue? Briefly highlight the life experiences, talents, and personality traits that make this a good career choice for you.
В.	Describe a health problem you have observed in your community. What are some strategies that could be used to combat this problem?
C.	Choose one person you have known who has had a large impact on how you live your life. Describe your experience with that person and how it influenced you.
D.	What has been your greatest accomplishment thus far?
E.	Why are you interested in attending the Della Keats/U-DOC Summer Enrichment Program?

FAM	ILY BACKGROUND	(This Section to Be Completed by Paren	nt or Guardian)	
29.	Parents' marital status: [] Married [] Divorced	[] Legally Separated	[] Single Parent	[] Widowed
30.	<u>FATHER</u>	<u>MOTHER</u>		GUARDIAN
Name	::	Name:	Name:	
Date	of Birth:	Date of Birth:	Date of Birth:	
Occup	pation:	Occupation:	Occupation:	
Educa	ntion:(Highest Level Completed)	Education:(Highest Level Con	Education: npleted)	(Highest Level Completed)
31.	Have you or your spouse ever worked i	n a health-care field? Yes [] No	[]	
32.	How many people currently reside in fa	mily household?(# of Adults	; # of Children)	
33.	Have any of your children ever gone to	college or vocational school?		
	College: Yes []ye	ears No[] Vocational s	chool: Yes []ye	ears No[]
34.	How likely is it that your child who is ap	plying to Della Keats/U-DOC Program wil	l attend college?	
	Very likely [] Somewhat	likely [] Not very likely []		
35.	What would prevent your child/childre	n from attending college or vocational sch	nool?	
	Financial situation	Other (please explain)		
36.	Is your son or daughter eligible for the	National Free/Reduced Price Lunch progr	am?	
	Yes - Free Lunch []	Yes - Reduced Price Lunch []	No []	
37.	Total annual household income (please	include ADC, Child Support, Alimony, Per	nsions, etc.):	
	[] less than \$10,000 [] \$10,001-\$ [] \$40,001-\$50,000 [] \$50,001-\$ Family size:	15,000 [] \$15,001-\$20,000 75,000 [] \$75,001-\$100,000	[] \$20,001-\$30,000 [] \$30 [] \$100,001 and above	0,001-\$40,000
38.	Do you have health insurance? Yes	s [] No [] If yes, type of coverage		
IMDO	DRTANT NOTICES			
		ummer Program involves many hours of o	coursework cominars and mo	atoring experience and
		the duration of the program. PARTICIPAT		= -
		nent Program of the University of Alaska Anduct or non-compliance with policies an		remove students from the
		ws are a major feature of the Della Keats e shot/immunization record is mandatory		_
Signa	iture of Applicant:		Date:	
C:	sture of Daront/Cuardian		Data	

The University of Alaska ensures equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, disabled veteran, or Vietnam era veteran status in accordance with University policy and applicable federal and state statutes and regulations.

This program is sponsored in part by grants provided by WWAMI – Alaska's Medical School, the UAA Division of Academic & Multicultural Student Services, and the South Central AHEC.

St	tudent Recomm	enda	atioi	n Fo	rm		
APPLICANT NAME:			SCHO	OL:			
This student has asked you to prov We rely heavily of We are interested in students who research, or who could benefit fro	This student has asked you to provide an assessment of his/her suitability as a participant in the demanding six—week Della Keats/U-DOC Summer Program. We rely heavily on your recommendation, particularly concerning non-academic characteristics. We are interested in students who have previously demonstrated an interest in health careers, such as nursing, medicine, or biomedical research, or who could benefit from learning about such options. We try to admit students who have demonstrated past academic achievement or who are capable of handling a college curriculum in the future, although their high school grades may not presently reflect this.					Program.	
СНА	RACTERISTICS	Out- standing	Very Good	Good	Fair	Poor	Unable to Judge
INTELLECTUAL CAPA and work with a large quantity	CITY: Ability to comprehend, integrate of information						
MOTIVATION (I): Genue health care profession	neness and depth of commitment to the						
MATURITY: Personal devisituations	elopment, ability to cope with life						
INTERPERSONAL REL others, rapport, cooperation, at	ATIONS: Ability to get along with titude toward supervision						
	the needs of others, consideration, tact- uals who may be ill, disabled or elderly						
EMOTIONAL STABILIT stability, constancy in ability to	Y: Performance under pressure, mood o relate to others						
ANALYTICAL SKILLS: process information, and to thi	Ability to problem solve, correlate and nk critically						
JUDGMENT: Ability to excommon sense and decisivener	raluate a problem involving people,						
RESOURCEFULNESS: manage new and already prese	Ability to discover new resources and to nt resources skillfully						
RELIABILITY: Dependate conscientiousness	ility, sense of responsibility, promptness,						
LEADERSHIP: Ability to	initiate, lead and/or supervise others						
COMMUNICATION SKI expression, articulateness	ILLS (I): Verbal skills, clarity of						
COMMUNICATION SKI written expression	ILLS (II): Clarity and conciseness of						
PERSEVERANCE: Stamin	na, endurance						
INTEGRITY: Honesty, trus	tworthiness, uprightness, probity						
CREATIVITY: Ability to gapproaches to problems	generate new and novel ideas, or						
MOTIVATION (II): This	student is interested in: circle all that apply)	Nursing	Medicine	Medical Research	Other:		Health Professions in General
OVERALL RECOMMENDATION:	This applicant receives my highest recommendation without reservation	I recomm applicant confiden	t with	I recommon applican reservation			recommend licant for on
STUDENT'S STRENGTH	IS AS YOU SEE THEM:						

STUDENT'S WEAKNESSES AS YOU	SEE THEM ("none apparent" is an a	acceptable answer):
F ACCEPTED INTO DELLA KEAT om home with other participants. Please discuis level of responsibility in the areas of personations.	ss whether you feel this student is capable	of handling
UMMARY EVALUATION: (Please profactors of which you are aware, how this stude		
		•••••
valuator's Name	Signature	Date
osition/Department	Address	
hone Number	City State Zip Code	
lease mail completed recommendation form to: University of Alaska Anchorage WWAMI Biomedical Program ATTN: U-DOC Program Engineering 333	- <u>OR</u> - Seal completed form in envelope give to student for inclusion with	

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