

**HEALTH CARE SUMMER INSTITUTE**  
**Summer 2013**

**I. STUDENT'S INFORMATION:**  
**DEMOGRAPHICS**

\_\_\_\_\_  
Student's Name (Last, First and Middle Initial)

\_\_\_\_\_  
Social Security Number  
(Needed to create UFID)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

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

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender (Check):  Male

Female

Graduation Year: \_\_\_\_\_

Ethnicity/Race (check all that apply):

African-American/Black

Asian

Alaskan Native/Pacific Islander

Specific Ethnicity \_\_\_\_\_

American Indian/Native American

Caucasian

Hispanic/Latino

Specific Ethnicity \_\_\_\_\_

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)

You cannot have any other obligations such as online classes or activities while attending the HCSI. You understand and agree that if accepted, you will NOT participate in any other such obligation while attending the HCSI.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**II. SCHOOL**

\_\_\_\_\_  
Name of High School Currently Attending

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**Application Deadline: Monday, April 15, 2013**  
**CAMP DATES: June 16, 2013 to July 13, 2013**

### III. CAREERS 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

\_\_\_\_\_ Physical Therapist

\_\_\_\_\_ Rehabilitation Therapist

\_\_\_\_\_ Nurse

\_\_\_\_\_ Physician Assistant

\_\_\_\_\_ Science Researcher

\_\_\_\_\_ Occupational Therapist

\_\_\_\_\_ Psychologist

\_\_\_\_\_ Physician/Doctor

\_\_\_\_\_ Veterinarian

\_\_\_\_\_ Pharmacist

\_\_\_\_\_ Other, please specify \_\_\_\_\_

### IV. ACADEMIC:

Unweighted GPA: \_\_\_\_\_ you **must provide a copy of your OFFICIAL transcripts (no report card)**

### V. EXTRACURRICULAR ACTIVITIES:

**Please list any clubs or organizations you participate in:**

---

---

---

---

**Please list any community activities and volunteer experience that you have participated in:**

---

---

---

---

Do you need any accommodations, e.g. physical?    Yes    No

If yes, please explain: \_\_\_\_\_

**Application Deadline: Monday, April 15, 2013**  
**CAMP DATES: June 16, 2013 to July 13, 2013**

## **VI. APPLICANT'S PERSONAL STATEMENT ESSAY**

Please write an essay that explains why you should be selected to attend the Heath Career Summer Institute. Include in your essay your interest in pursuing a health profession, career aspirations, work/volunteer experience and other information that you would like the admissions committee to consider when viewing your application. 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. Please be sure to answer each of the following questions within your essay.**

1. Why do you want to attend the Health Care Summer Institute?
2. What volunteer experience have you had with health care?
3. What are your current thoughts about attending college?
4. What is your current career goal(s) and why?
5. If you were selected, what would be your expectation of the Health Care Summer Institute, and how will this experience help you to achieve your career goals?

**2013 HEALTH CARE SUMMER INSTITUTE**

**VII. HIGH SCHOOL TEACHER’S RECOMMENDATION:**

**Teacher:** Please complete recommendation form. In order to ensure your recommendation remains confidential, please place in a sealed envelope, **sign over seal**, and return to student.

\_\_\_\_\_  
**Student’s Name (Last, First, Middle Initial)**

You have been selected as a reference by a student who is completing an application to attend the Health Care Summer Institute. This is a four week residential camp for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The camp provides shadowing opportunities, information on various health careers, an SAT preparatory course and social activities. Your input is very important to us as space for this camp is limited. Please complete this form and return it to the students for submission with his/her application.

**Teacher’s Name**\_\_\_\_\_

**Subject**\_\_\_\_\_

**Phone**\_\_\_\_\_

**Email**\_\_\_\_\_

Please rate the student in the following areas:

	Excellent	Above Average	Average	Fair	Poor
Promptness/Attendance					
Group Participation					
Character					
Attitude					
Conduct					
Effort/Initiative					

Please comment on this student’s interest to pursue post-secondary education.

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

Please comment on this student’s ability and willingness to follow rules.

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

What is your overall assessment of this student as a candidate for Health Care Summer Institute?

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

\_\_\_\_\_  
Signature (Teacher)

\_\_\_\_\_  
Printed Name (Teacher)

\_\_\_\_\_  
Date

**Application Deadline: Monday, April 15, 2013**  
**CAMP DATES: June 16, 2013 to July 13, 2013**

**2013 HEALTH CARE SUMMER INSTITUTE**

**VIII. SECOND LETTER OF RECOMMENDATION:**

**From: Community Leader, Academic Advisor or Employer**

Please complete recommendation form. In order to ensure your recommendation remains confidential, please place in a sealed envelope, **sign over seal**, and return to student.

\_\_\_\_\_  
**Student's Name (Last, First, Middle Initial)**

You have been selected as a reference by a student who is completing an application to attend the Health Care Summer Institute. This is a four week residential camp for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The camp provides shadowing opportunities, information on various health careers, an SAT preparatory course and social activities. Your input is very important to us as space for this camp is limited. Please complete this form and return it to the students for submission with his/her application.

**Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Please rate the student in the following areas:

	Excellent	Above Average	Average	Fair	Poor
Promptness/Attendance					
Group Participation					
Character					
Attitude					
Conduct					
Effort/Initiative					

Please comment on this student's interest to pursue post-secondary education.

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

Please comment on this student's ability and willingness to follow rules.

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

What is your overall assessment of this student as a candidate for Health Care Summer Institute?

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Application Deadline: Monday, April 15, 2013**  
**CAMP DATES: June 16, 2013 to July 13, 2013**

**I. PARENT/GUARDIAN INFORMATION:**

**PARENT/GUARDIAN 1**

\_\_\_\_\_  
Relationship to the student

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

(\_\_\_\_)\_\_\_\_\_  
Home/Cell Number      Cell/Work Phone Number

**PARENT/GUARDIAN 1**

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Level of Education

\_\_\_\_\_  
Annual Income

**PARENT/GUARDIAN 2**

\_\_\_\_\_  
Relationship to the student

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

(\_\_\_\_)\_\_\_\_\_  
Home/Cell Number      Cell/Work Phone Number

**PARENT/GUARDIAN 2**

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Level of Education

\_\_\_\_\_  
Annual Income

**II. CERTIFICATION OF APPLICATION (required)**

**If accepted**, you will be asked to sign a **Contract of Intent** and submit a **non-refundable \$50.00 money order**, along with all other required documentation, in order for your child to participate in this program.

I grant permission for my son/daughter to apply to the *Health Care Summer Institute* (a four week residential summer camp at the University of Florida in Gainesville).

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Application Deadline: Monday, April 15, 2013**  
**CAMP DATES: June 16, 2013 to July 13, 2013**

PLEASE RETURN YOUR COMPLETED APPLICATION\* AND ALL ATTACHMENTS TO:

University of Florida College of Medicine  
Office for Diversity and Health Equity  
Attention: Health Care Summer Institute  
P.O. Box 100202  
Gainesville, Florida 32610-0202

\* ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

**Application Deadline: Monday, April 15, 2013**  
**CAMP DATES: June 16, 2013 to July 13, 2013**