HEALTH CARE SUMMER INSTITUTE
2021
The Health Care Summer Institute
Program Description

University of Florida College of Medicine
Office for Diversity & Health Equity

PLEASE NOTE: Due to logistical challenges presented by COVID-19 the Health Care Summer Institute (HCSI) is going virtual.

PURPOSE & DESCRIPTION

The Health Care Summer Institute (HSCI) is a four-week program sponsored by the University of Florida College of Medicine, Office for Diversity & Health Equity and the Area Health Education Networks (AHECS). The purpose of the program is to provide an academic enrichment opportunity to rising junior and senior high school students who are interested in entering health related fields such as medicine, dentistry, nursing, pharmacy, occupational and physical therapy.

HCSI participants have the opportunity to take an Introduction to the Health Professions course, attend educational lectures, shadow health care professionals, improve academic test taking skills in a series of SAT preparation courses, and participate in social and team building activities, all offered virtually. Participants must live in the West Florida, Big Bend, Suwannee River or Northeast Florida Area Health Education Centers (AHEC) Network Areas.

PARTICIPANT REQUIREMENTS & RESPONSIBILITIES

In selecting the undersigned participant, the HCSI has relied on the participant’s confirmation that he or she meets the following requirements:

(1) Rising 11th or 12th grader.

(2) A minimum overall grade point average of 2.5 or higher.

(3) Comes from an economically and, or educationally disadvantaged background.

(4) Has an interest in issues affecting underserved populations.

(5) Do you have access to the Internet at home? ☐ YES ☐ NO

(6) Do you have a computer, or access to a desk-top or laptop? ☐ YES ☐ NO
HEALTH CARE SUMMER INSTITUTE
Summer 2021

I. STUDENT’S INFORMATION:
   DEMOGRAPHICS

(Print legibly or Type)

Student’s Name (Last, First and Middle Initial)   Social Security Number   Date of Birth (mm/dd/yyyy)

DISCLAIMER: This is personal information and will be handled in a strictly confidential manner. It will be only used for purposes related to the institute, and WILL NOT be shared with any other parties in, or outside the University of Florida.

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

Email Address: ____________________________________________________________

Home Telephone: ________________________   Cell Number: ______________________

Gender (Check):  ☐ Male   ☐ Female   ☐ Other

Current Grade: _______   Graduation Year: _______

Household size: (Number of people currently residing in your household including yourself): _______

Number of siblings:  ☐ Brother/s   ☐ Sister/s

Are you first generation to pursue College in your family?  ☐ YES  ☐ NO

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.

APPLICATION DEADLINE: APRIL 30, 2021
CAMP DATES:  JUNE 20, 2021 – JULY 16, 2021

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II. SCHOOL

Name of High School Currently Attending ____________________________
County ____________________________ Phone ____________________________

Address ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

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

1 = greatest interest  □ Dentist  □ Hospital Administration  □ Nurse  □ Nutritionist
2 = second greatest interest  □ Occupational Therapist  □ Pharmacy  □ Physical Therapist  □ Physician Assistant
3 = third greatest interest  □ Physician/Doctor  □ Psychologist  □ Public Health  □ Rehabilitation Therapist
□ Science Researcher  □ Veterinarian
□ Other, please specify ____________________________

IV. ACADEMIC:

Unweighted GPA: ________ you must provide a copy of your OFFICIAL* transcripts with seal (no report card)
*Request from your guidance counselor

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:

____________________________________________________________________________________________

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Do you need any accommodations, e.g. physical?  
☐ YES  ☐ NO

If yes, please explain: ________________________________________________________________

VII. APPLICANT’S PERSONAL STATEMENT ESSAY

Please write an essay that explains why you should be selected to attend the Health Care 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 are your current thoughts about attending college?
3. What is your current career goal(s) and why?
4. How does your family view education and your educational goals?
5. How has your cultural identity shaped your perspectives of the healthcare field?
6. What does underrepresented in healthcare mean to you?
7. How are you underrepresented?
8. 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?
I. PARENT/GUARDIAN INFORMATION:

**PARENT/GUARDIAN 1**

Name ______________________________________  Relationship to the student (Mom, Dad) ____________________________

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

☐ Home/ ☐ Cell  ☐ Cell/ ☐ Work

(____)________ (____)________

Student lives with the above person Y___ N_____  *PARENT/GUARDIAN 2

Name ______________________________________  Relationship to the student (Mom, Dad) ____________________________

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

☐ Home/ ☐ Cell  ☐ Cell/ ☐ Work

(____)________ (____)________

Student lives with the above person Y___ N_____  *

*Occupation

*Employer

*Level of Education

*Annual Income

*PLEASE NOTE THAT THIS INFORMATION MUST BE COMPLETED AND IS REQUIRED FOR ELIGIBILTY*

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 virtual 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/Guardian Signature  Date

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Summer 2021

VII. HIGH SCHOOL TEACHER’S RECOMMENDATION:

Teacher: Please complete recommendation form, sign over sealed envelope 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 VIRTUAL institute 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. You input is very important to us as space for this institute 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:

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<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
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<td>Promptness/Attendance</td>
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<td>Group Participation</td>
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<td>Effort/Initiative</td>
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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 the Health Care Summer Institute?

____________________________________________________________________________________

________________________________________
Signature (Teacher)                        Printed Name (Teacher)                                          Date
VIII. SECOND LETTER OF RECOMMENDATION:
From: Community Leader, Academic Advisor or Employer

Please complete recommendation form, sign over sealed envelope 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 VIRTUAL 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. You 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:

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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
ONLINE ETIQUETTE:

Source: [https://stat.ufl.edu/files/NetiquetteGuideforOnlineCourses-LLC.pdf](https://stat.ufl.edu/files/NetiquetteGuideforOnlineCourses-LLC.pdf)

When communicating online, you should always:

- Treat instructor with respect, even in email or in any other online communication.
- Always use your professors’ proper title: Dr. or Prof., or if you in doubt use Mr. or Ms.
- Unless specifically invited, don’t refer to them by first name.
- Use clear and concise language.
- Remember that all communication should have correct spelling and grammar.
- Avoid slang terms such as “wassup?” and texting abbreviations such as “u” instead of “you.”
- Use standard fonts such as Times New Roman and use a size 12 or 14 point font.
- Avoid using the caps lock feature AS IT CAN BE INTERPRETTED AS YELLING.
- Limit and possibly avoid the use of emoticons like :) or ☺.
- Be cautious when using humor or sarcasm as tone is sometimes lost in an email or discussion post and your message might be taken seriously or offensive.
- Be careful with personal information (both yours and others).

Professional Attire (To be strictly adhered to):

Females:

- Dresses with sleeves (if sleeveless, need to wear a jacket); NO exposed shoulders.
- Shirts or Blouses; (no spaghetti straps, halter tops, tank top or see-through).
- Undergarments should not be visible.
- Mini-dresses, mini-skirts, body hugging or tight dresses, crop pants are not allowed

Males:

- Men, dress slacks that fall at the ankle or longer. Capri or crop pants are not allowed.
- Dress shirts with a collar
- Undergarments should not be visible
- *Shirts*: can be either with or without a collar, as long as they are neat and do not contain any offensive language or pictures. No sleeveless or muscle shirts allowed.

*PLEASE MAKE SURE THAT YOU ARE FULLY CLOTHED!

PLEASE RETURN YOUR COMPLETED APPLICATION* AND ALL ATTACHMENTS TO:

APPLICATION DEADLINE: APRIL 30, 2021
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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.
Pleasing indicate your T-shirt size: (see chart below) __________

SIZE GUIDE:

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<thead>
<tr>
<th>SIZE</th>
<th>MEN</th>
<th>WOMEN</th>
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</thead>
<tbody>
<tr>
<td>SMALL</td>
<td>34-36</td>
<td>6-8</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>38-40</td>
<td>10-12</td>
</tr>
<tr>
<td>LARGE</td>
<td>42-44</td>
<td>14-16</td>
</tr>
<tr>
<td>X-LARGE</td>
<td>46-48</td>
<td>18-20</td>
</tr>
<tr>
<td>2X</td>
<td>50-52</td>
<td>22-24</td>
</tr>
</tbody>
</table>

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