The Health Care Summer Institute  
Program Description

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

PURPOSE & DESCRIPTION

The Health Care Summer Institute (HSCI) is a four-week residential program sponsored by the University of Florida College of Medicine, Office for Diversity & Health Equity. 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 dentistry, nursing, medicine, 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. Participants must live in the West Florida, Big Bend, Suwannee River or Northeast Florida Area Health Education Centers (AHEC) Network Areas.

As the HCSI is a residential program, participants are housed in one of the dormitories on the University of Florida campus in Gainesville, Florida. Participants are provided with all meals, Monday through Friday in the hospital cafeteria and on weekends, as part of a bonding activity, participants assist the HCSI staff with meal preparation. Participants are supervised by HSCI staff, except while they are shadowing a health care professional. Additional educational offerings take place in classrooms housed in the medical education buildings of the University of Florida College of Medicine.

*Whereas we plan to hold the program in-person, please note that this is subject to change to a Virtual setting depending the COVID-19 outlook. We are committed to public safety first and foremost.

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) Completed 10th or 11th grade.

(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.

NOTE: All applications MUST arrive by, or on the deadline indicated. If your application is postmarked on the deadline, it will not be considered.
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) ___________________________

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

Email Address: ____________________________________________________________

Home Telephone: ____________________________ Cell Number: ____________________________

Gender (Check): ❑ Male ❑ Female 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 (Is one of, or both your parents a college graduate)?

❑ 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.

________________________________________ ____________________________
Student Signature Parent/Guardian Signature

APPLICATION DEADLINE: APRIL 18, 2022
CAMP DATES: JUNE 26, 2022 – JULY 23, 2022
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  2 = second greatest interest  3 = third greatest interest

______Dentist         ______Occupational Therapist         ___Physician/Doctor
______Hospital Administration ______Pharmacy         ___Psychologist
______Nurse         ______Physical Therapist         ___Science Researcher
______Nutritionist ______Physician Assistant         ___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:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Do you need any accommodations, e.g. dietary, physical, etc.? □ 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 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 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 to participate in the Health Care Summer Institute, and how do you think this experience will help you to achieve your career goals?
I. PARENT/GUARDIAN INFORMATION:

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<th>PARENT/GUARDIAN 1</th>
<th>PARENT/GUARDIAN 2</th>
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<td>Student lives with the above person Y___ N____</td>
<td>Student lives with the above person Y___ N____</td>
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</table>

*PARENT/GUARDIAN 1

* 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 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/Guardian Signature               Date

APPLICATION DEADLINE: APRIL 18, 2022
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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 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. 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.

Teacher’s Name_______________________________ Subject__________________________

Phone_______________________________________ Email___________________________

Please rate the student in the following areas:

<table>
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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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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 ______

APPLICATION DEADLINE: APRIL 18, 2022
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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 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. 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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</table>

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: APRIL 18, 2022
CAMP DATES: JUNE 26, 2022 – JULY 23, 2022
Note: If accepted, you will need to provide the following:

1. Proof of Immunizations (including)
   A. Tdap
   B. MMR (two doses)
   C. Varicella (two doses)
   D. Hepatitis B (three doses)
   E. Menactra (one dose)
   F. COVID-19 proof of Vaccination
   G. Proof of PCR COVID-19 test. (Date of test must be within 3 days of arrival)
   H. PPD (must be less than 1 year old from the start date of the institute)

2. Medical Insurance

*Part of the Health Care Summer Institute involves Shadowing. Shadowing involves being with patients and healthcare professionals. Therefore, you will need to be vaccinated to be accepted in any clinical areas in and around the hospital. Professional clothing for the time you will be involved with patients is required. These are mandatory requirements, no exceptions!

* Masks are mandatory in all indoor spaces. NO EXCEPTIONS. Please see the dress code below.

Professional Attire:

Females:
- Dresses with sleeves (if sleeveless, need to wear a jacket); NO exposed shoulders.
- Long pants or skirts (only closed slit – no open slits on skirt); no shorter than 2 inches above the knee (skirts) or ankles (pants).
- Shirts or Blouses; (no spaghetti straps, halter tops, tank top or see-through).
- Undergarments should not be visible.
- Closed-toe shoes, preferably a black or brown dress shoe (no sneakers).
- Shoes should be comfortable, since students will be standing for long periods and walking.
- Mini-dresses, mini-skirts, body hugging or tight dresses, crop pants are **not** allowed for shadowing.

Males:
- Men, dress slacks that fall at the ankle or longer. Capri or crop pants are not allowed.
- Dress shirts with a collar
- Closed-toe shoes, preferably a black or brown dress shoe (no sneakers)

* Dress code for all other scheduled HCSI activities:

Males:

**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. No athletic jerseys.

**Pants:** should be neat, worn at the waist with or without a belt. **No** holes or frayed edges (No shorter than 2” above the ankle).

**Shorts:** must be worn at the waist, with or without a belt. **No** running or athletic wear allowed. **No** holes or frayed edges. (No shorter than 2 inches above the knee for both males and females).
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Females:

Shirts: With or without a collar, as long as they are neat and do not contain any offensive language or pictures. NO sleeveless, spaghetti straps, strapless tops, or see through are allowed. NO midriffs should be shown whether you are sitting, standing or reaching. Neck lines should not show cleavage whether you are sitting standing, bending or reaching.

Shorts: Should be walking or Bermuda shorts in length. No more than 2 inches above the knee. Capri’s are welcome. They shall not be tight or form fitting. NO leggings or tights, spandex, running, volleyball or cheerleader type shorts are appropriate.

Dresses: No strapless, low cut, see through are allowed. Dress length should be below the knee, or no more than two inches above the knee. No slits on dresses and no bodycon/body hugging dresses allowed.

Shoes: Closed toe shoes are preferred. Sandals are allowed. No flip flops, slides or beach wear, or bedroom shoes allowed.

*Most of your classes will be in air conditioning buildings which tend to run cool. T-shirts and jeans are appropriate as long as they do not have any holes or frayed edges

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

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