

HEALTH CARE SUMMER INSTITUTE 2021

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GAINESVILLE, FL 32610-0202

HEALTH CARE SUMMER INSTITUTE
Summer 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

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

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

(Print legibly or Type)

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

Social Security Number
(Needed to create UFID)

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.

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Student Signature _____

Parent/Guardian Signature _____

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	____ Rehabilitation Therapist
____ Hospital Administration	____ Pharmacy	____ Psychologist	____ Science Researcher
____ Nurse	____ Physical Therapist	____ Public Health	____ Veterinarian
____ Nutritionist	____ Physician Assistant		

____ 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 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 under-represented 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?

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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 1**

* _____
Occupation

* _____
Employer

* _____
Level of Education

* _____
Annual Income

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

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 ___

***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 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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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. Your 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:

	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 the Health Care Summer Institute?

Signature (Teacher)

Printed Name (Teacher)

Date

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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 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. 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

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ONLINE ETIQUETTE:

Source: <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 pointfont.
- 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 discussionpost 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:

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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.**
PLEASE INDICATE YOUR T-SHIRT SIZE: (SEE CHART BELOW) _____

SIZE GUIDE:

SIZE	MEN	WOMEN
SMALL	34-36	6-8
MEDIUM	38-40	10-12
LARGE	42-44	14-16
X-LARGE	46-48	18-20
2X	50-52	22-24

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