

HEALTH CARE SUMMER INSTITUTE 2024

Mulindwa Joyce

UF OFFICE FOR HEALTH CARE EXCELLENCE, COMMUNITY & BELONGING 1600 SW Archer Road, M-108
P.O Box 100202 GAINESVILLE, FL 32610-0202

HEALTH CARE SUMMER INSTITUTE

Summer 2024

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 Health Care Excellence, Community and Belonging (ECB) and UF Shands. The purpose of the program is to expose and provide an academic enrichment opportunity to rising junior and senior high school students to various careers in the health science field. Some of these careers include medicine, dentistry, nursing, pharmacy, research, 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. *(Please refer to the map pg. 11 or as seen online)*

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.

*You **CANNOT** have any other obligations or activities, which will require you to leave campus while attending the HCSI. Online classes and activities are NOT permitted. You understand and agree that if accepted, you will **NOT** participate in any other such obligations or activities while attending the HCSI, unless it is an extenuating circumstance such as: a funeral or severe illness.*

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.

APPLICATION DEADLINE: April 1, 2024
INSTITUTE DATES: JUNE 16, 2024 – JULY 13, 2024

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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)

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

Email Address: _____

Home Telephone: _____ Cell Number: _____

Gender (Check): Male Female Non-Binary

Current Grade: _____ Graduation Year: _____

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

Number of siblings: Brother/s Sister/s

Will you become the first person to attend College in your household? 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)

Student Signature

Parent/Guardian Signature

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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

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 have your life experiences shaped your perspectives of the healthcare field?
6. If you were selected, explain your expectation of the Health Care Summer Institute, and how will this experience helps 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 residential summer program 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 residential program for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The program 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 the Health Care Summer Institute?

Signature

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 residential program for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The program 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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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. PPD (must be less than 1 year old from the start date of the institute)
 - G. COVID-19: we highly encourage all participants to be vaccinated, however it is NOT mandatory.

2. **Medical Insurance: a copy of your insurance card.**

Part of the Health Care Summer Institute involves Shadowing. Shadowing involves being with patients and healthcare professionals. Therefore, you will need to bring professional clothing for the time you will be involved with patients, be masked at all times in clinical areas for your safety and that of others. Please see the dress code below. **This is mandatory, no exceptions!**

Professional Attire (To be strictly adhered to):

Females:

- Dresses with sleeves (if sleeveless, need to wear a jacket); **NO** exposed shoulders.
- Long pants or skirts; **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)

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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).

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.

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 Health Care Excellence, Community & Belonging(ECB)
Attention: Health Care Summer Institute
P.O. Box 100202
Gainesville, Florida 32610-0202**

*** ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED.
PLEASE CIRCLE YOUR T-SHIRT SIZE: (SEE CHART BELOW):**

SIZE GUIDE:

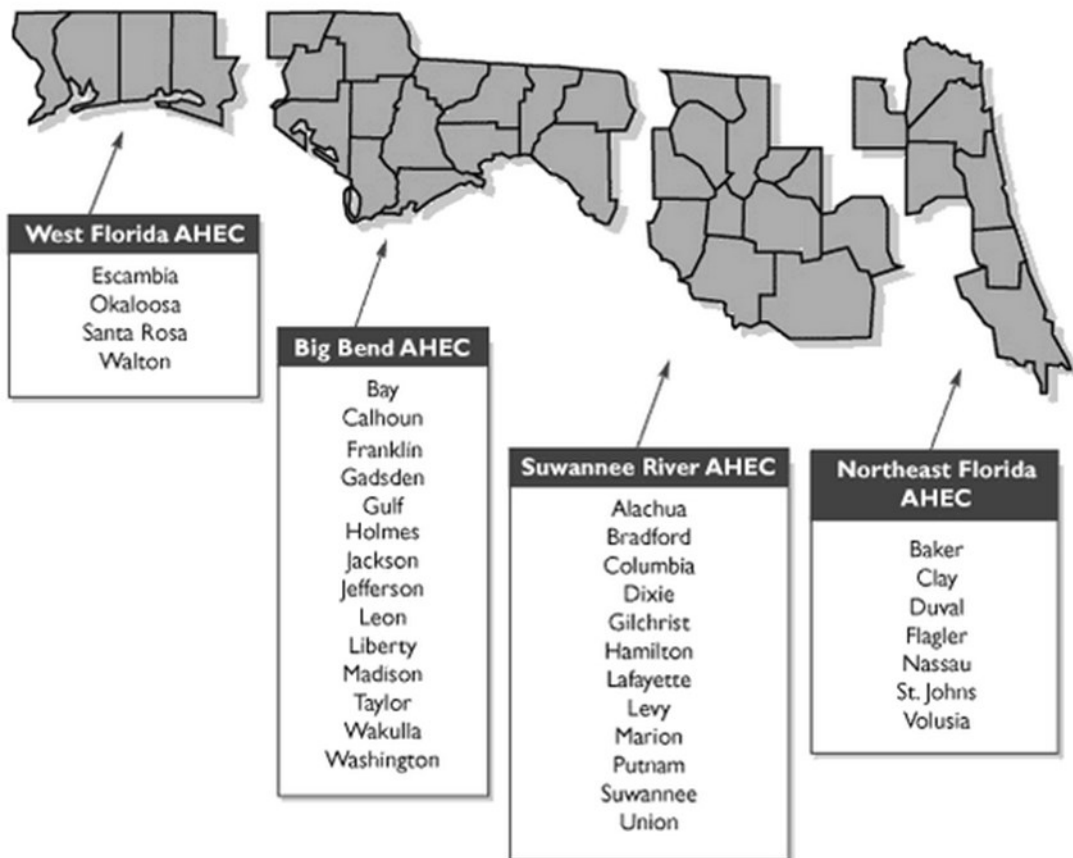
SIZE	MEN	WOMEN
SMALL	34-36	6-8
MEDIUM	38-40	10-12
LARGE	42-44	14-16
X-LARGE	46-48	18-20
2X	50-52	22-24

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MAP OF SERVICING COUNTIES

Students from the below counties are eligible to apply for the University of Florida Health Care Summer Institute:



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