

HEALTH CAREERS ACADEMY
University of New Mexico Health Sciences
Albuquerque, NM
PROGRAM DATES: JUNE 1st, 2020 – JULY 11th, 2020

Health Careers Academy (HCA): is an intense and rewarding six-week, summer program for rising high school juniors and seniors. The program is designed to enhance math, science, language arts and critical thinking skills while exposing students to health and science related professions. This program will challenge students by balancing a rigorous academic curriculum, test preparation, service learning, and health science career exploration.

Who can apply?

- Current High School Sophomores & Juniors
- New Mexico Residents
- Minimum GPA of 2.5 on a 4.0 scale
- Preference will be given to students who qualify as economically or educationally disadvantaged student

Where will the program be held?

Health Careers Academy will be held at the University of New Mexico in Albuquerque from June 1, 2020 – July 11, 2020, with required orientation the date is TBD. All participants will be required to attend daily, Monday – Friday for the duration of the program. Parents are responsible for the student’s transportation to and from the program each day.

How to apply:

- Student and Parent / Guardian need to complete the attached Student Application Form
- Submit your application with **ALL** required documents by the deadline:

<p>Mailing Address:</p> <p>UNM Office for Diversity, Equity & Inclusion MSC09 5235 1 University of New Mexico Albuquerque, NM 87131</p>	<p>Physical Delivery Address:</p> <p>UNM Health Sciences (UNM North Campus) Office for Diversity, Equity & Inclusion Health Sciences & Services Building, Suite 102 Building #266, (Campus Map)</p>
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Deadline to apply: April 24, 2020 by 5:00 PM

Selection for HCA at the University of New Mexico will be made by May 8, 2020. Students will be notified to the student’s email provided on application packet.

Only complete and on time applications will be considered. Late or incomplete applications will result in an automatic disqualification. You will NOT receive notification of an incomplete application.

Questions regarding citizenship, residency, program activities and/or application details can be directed to HSC-Diversity@salud.unm.edu or by calling 505-272-2728 or toll free 1-866-494-0064.

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APPLICATION CHECKLIST

Deadline to apply:
April 24, 2020 by 5:00 PM

APPLICANT NAME: _____

Complete application packets must include:

- Complete Student Application Form**
- Applicant Profile**
The student essay must be typed and submitted with the application packet. See Student Essay page for directions.
- One Completed Recommendation Form**
The form should be completed by someone who can evaluate your character and academic performance, such as a professor, teacher, counselor, principal, mentor, employer, or volunteer supervisor. Form must be in a sealed envelope with the writer's signature across the seal on the back of the envelope.
- High School Transcript(s):** An unofficial copy of your high school transcript is acceptable

Only complete and on time applications will be considered. Late or incomplete applications will result in an automatic disqualification. You will NOT receive notification of an incomplete application.

STUDENT INFORMATION

Please make sure that the information given in this section is accurate and matches with any federal or state issued document (ex. Social Security card, ITIN card).

1. Name: _____
Last First Middle
2. Preferred Name: _____
3. Address: _____
Street Address or P.O. Box Number

City or Town County State Zip Code
4. Student's Phone Number: _____ (Indicate type of phone below)
 Student's Cell Phone Home Phone Parent/Guardian's Cell Phone Other _____
5. Student's Email Address: _____
6. Gender: Female Male
7. Date of Birth: _____ (MM/DD/YYYY)

BIRTH INFORMATION

8. What City were you born in? _____
9. What State were you born in? _____
10. Are you a U.S. Citizen? Yes No If no, can you provide a SSN or ITIN: Yes No
11. Are you a New Mexico Resident? Yes No
Are you a tribal member living on the Navajo Nation? Yes No

ADDITIONAL INFORMATION

12. What school do you attend? _____
13. Do you consider yourself to be Hispanic/Latino(a)? Yes No
In describing yourself, please select one or more of the following racial categories:
 American Indian or Alaskan Native (Specify affiliation): _____
 Asian Black or African American Native Hawaiian/Pacific Islander
 White Other (Please specify): _____
14. What language(s) do you speak? _____
What is the primary language spoken at home? _____
What was your first language? _____

FAMILY BACKGROUND

PARENT/GUARDIAN 1 (REQUIRED):

15. Name: _____
Last First Middle
16. Does the student regularly live with parent/guardian 1? Yes No
17. Phone: _____ Email Address: _____
18. What is the highest level of education completed by Parent/Guardian 1:
- | | | |
|--|--|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Trade/vocational school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctoral/Professional degree |
| <input type="checkbox"/> High school diploma/G.E.D. | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Some College | | |

PARENT/GUARDIAN 2:

15. Name: _____
Last First Middle
16. Does the student regularly live with parent/guardian 2? Yes No
17. Phone: _____ Email Address: _____
18. What is the highest level of education completed by Parent/Guardian 1:
- | | | |
|--|--|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Trade/vocational school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctoral/Professional degree |
| <input type="checkbox"/> High school diploma/G.E.D. | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Some College | | |

FINANCIAL BACKGROUND

23. What was your Adjusted Gross Income (AGI) or if you did not work what was your Parent(s)/Guardian(s) Adjusted Gross Income? Select the bracket for the amount that is reflected in the tax file. (Line 37 in form 1040 or line 4 in 1040 EZ)
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 - \$25,520 | <input type="checkbox"/> \$25,521 - \$34,480 | <input type="checkbox"/> \$34,481 - \$43,440 | <input type="checkbox"/> \$43,441 - \$54,400 |
| <input type="checkbox"/> \$54,401 - \$61,360 | <input type="checkbox"/> \$61,361 - \$70,320 | <input type="checkbox"/> \$70,321 - \$79,280 | <input type="checkbox"/> \$79,281 - \$88,240 |
| <input type="checkbox"/> \$88,241 + | | | |
24. How many people live in your household? _____

ADDITIONAL INFORMATION

25. Have you completed any other UNM HSC Office for Diversity, Equity & Inclusion programs (select all that apply)?
- | | |
|---|--|
| <input type="checkbox"/> Building Outstanding STEAM-H Students (BOSS) | <input type="checkbox"/> Dream Makers Health Careers Program |
| <input type="checkbox"/> HCA | <input type="checkbox"/> PATH Emerging Leaders Program |
| <input type="checkbox"/> Junior Science & Humanities Symposium | <input type="checkbox"/> Research Challenge |
| <input type="checkbox"/> PATH Emerging Leaders Program | <input type="checkbox"/> Science Olympiad |

2020 STUDENT PARTICIPANT APPLICATION

26. How did you find out about this program?
 Instructor, Advisor Web Publications (websites, listserv) Office for Diversity Friend, Parent
 Flyer/brochure Other (specify): _____

27. Do you have any other obligation during the program Participation Dates that may interfere with your ability participate in this program? Yes No

If answered yes, please include information and dates for things such as (but not limited to), anticipated travel, employment, college orientation, etc.

28. If applicable, please list any special needs or considerations you would like us to be aware of:

29. Would you like to hear about any other program opportunities that the Office for Diversity, Equity & Inclusion partners with? Yes No

STATEMENT OF CERTIFICATION

I certify that all information given is true to the best of my knowledge. I understand that failure to disclose accurate information is grounds for dismissal from or selection into the program. I agree to provide all necessary documentation.

Parent(s)/Guardian(s) Name (PRINT)	Parent(s)/Guardian(s) Signature	Date
Participant Name (PRINT)	Participant Signature	Date

APPLICANT PROFILE SECTION

Is formatted in a breakdown of the following questions. With these we are seeking to capture not only a snapshot of where you are currently are a student but also where you have been and where you see yourself in the future as a health professional. Relevant factors include but are not limited to the following:

1. Have you taken the ACT or the SAT? Yes No
If answered yes, what was your most recent composite score? ACT: _____ SAT: _____

2. Please list your top three health career interest(s):
A. _____
B. _____
C. _____

3. Please list any health-related certification(s) or training(s) you have received with the date of completion (i.e. CPR, First Aid):
Certification: _____ Date Completed: _____
Certification: _____ Date Completed: _____
Certification: _____ Date Completed: _____

4. Please list any extra-curricular, volunteer, and/or community experiences: (i.e. sports, school clubs, church activities, etc.)
A. _____ F. _____
B. _____ G. _____
C. _____ H. _____
D. _____ I. _____
E. _____ J. _____

SHORT ANSWER QUESTIONS

Please complete the following questions on a separate typed document with the following guidelines: **double-spaced, 12-point font, Times New Roman, 1 inch margins**. Please attach your responses after this form in your application. Please keep your question responses to a **maximum of 200 words per question**.

5. What are you proud of accomplishing or achieving and what are some of the educational, social, or economic challenges you faced?
6. What has motivated your interest in a health career?
7. What are your educational goals and how might they impact you, your family, and your community?
8. What kind of experiences do you hope to gain from this program and why do you believe they will help you reach your goals and dreams?

RECOMMENDATION FORM – PLEASE RETURN THIS WITH YOUR APPLICATION

Applicant Name: _____

To the recommending individual

The student named above is applying to the Health Careers Academy (HCA). HCA is an intense and rewarding six-week, summer program for rising high school juniors and seniors. The program is designed to enhance math, science, language arts and critical thinking skills while exposing students to health and science related professions. This program will challenge students by balancing a rigorous academic curriculum, test preparation, service learning, and health science career exploration.

This program seeks to identify students who demonstrate the following characteristics:

- Financial need;
- Academic performance or promise;
- Interest in pursuing a health-related career;
- Strength of character, evidence of leadership potential, and emotional maturity and stability;
- The potential to contribute to one’s community later in life.

Please provide your contact information below, in case the selection committee has any pending questions or concerns.

Recommender Name: _____

Phone Number: _____ **Email:** _____

To help in the selection of participants into the Health Careers Academy Program, we ask that you please answer all of the following questions. **Please limit your answers to the allotted space provided.**

ALL COMPLETED RECOMMENDATION FORMS MUST BE SUBMITTED IN A SEALED ENVELOPE TO THE STUDENT PRIOR TO THE APPLICATION DEADLINE OF MARCH 25, 2020.

Please rate the applicant on the following categories:

	Cannot Recommend	Below Average	Average	Above Average	Excellent
Academic Performance					
Leadership Qualities					
Emotional Maturity					
Reliability					
Ability to Interact with Adults and Peers					
Professionalism					
Resiliency (ability to overcome barriers)					

APPLICANT NAME: _____

How long and in what capacity have you known this applicant?

Please describe the applicant's strengths?

Please comment on the applicant's area(s) of development. What efforts has the applicant made to improve?

How has the applicant contributed above and beyond her/his expected responsibilities?

Please use the following space to include any additional comments. (*Optional*)