



Hospital Hill Health Science Camp

Dentistry, Medicine, Nursing, & Pharmacy

June 10 – 15, 2012

Sponsored by UMKC School of Dentistry, Nursing, & Pharmacy

Program purpose: *Hospital Hill Health Science Camp* is a year-long academy that provides a one week on campus residential experience in the summer of 2012 and three on campus meetings throughout the school year (October, January, & April). It is designed to introduce high school students, primarily from minority and underrepresented populations, to health science careers. Students will learn about dentistry, nursing, and pharmacy professions; participate in experiential learning activities, tour health profession schools, and receive academic enrichment.

To be eligible for the academy, applicants must:

- Have an interest in learning about careers in dentistry, nursing, or pharmacy
- Have a cumulative grade point average of 3.00 and above
- Be a sophomore, junior or senior in high school in the fall of 2012

Students selected for the academy will be notified by mail and/or phone and will need to respond that they are still interested in attending. Students are responsible for their own transportation to the UMKC dormitory on Sunday, June 10th for check in from 4-6p.m. UMKC will not be responsible for any injuries during their participation in this program.

There is a \$25 non-refundable application fee. There is no additional cost to students for participating in this program.

Following the summer academy, participants will have the opportunity to take part in year-round didactic and clinical activities exposing them to a variety of professional career and clinical specialty opportunities. Woven throughout the curriculum are social and cultural support functions designed to build a sense of community and overcome academic and environmental obstacles to program completion.

Application checklist:

Applications must be completed in full and submitted prior to the deadline. Applications that are received after the deadline, or are incomplete, will not be considered for acceptance. A completed application consists of:

- Completed application form with signatures and \$25 application fee.
- A typed paragraph stating why you are interested in learning about a career in one of the following: Dentistry, Nursing, or Pharmacy.
- A copy of your school transcript with most current grade point average (official copies are not necessary).
- A recommendation letter from a school counselor, teacher, or community member (i.e.- clergy, coach).
- Registration deadline: Applications must be postmarked by April 2, 2012.**

Please address application and direct questions to:

Onekia Deleon
deleono@umkc.edu
(816) 235-8838
Fax (816) 235-1701

School of Nursing- UMKC
2464 Charlotte Street
4401 Health Sciences Building
Kansas City, MO 64108-2718



HOSPITAL HILL HEALTH SCIENCE CAMP

Application Form

APPLICANT INFORMATION (PLEASE PRINT)									
PLEASE CHECK ONE AREA OF INTEREST: DENTISTRY <input type="checkbox"/> NURSING <input type="checkbox"/> PHARMACY <input type="checkbox"/>									
First Name					Last Name				
Nickname		Gender Female <input type="checkbox"/> Male <input type="checkbox"/>			Date of Birth				
Street Address					Apartment/Unit #				
City			State		ZIP		County		
Phone			Cell Phone						
Email Address:									
Do you have access to a computer? YES <input type="checkbox"/> NO <input type="checkbox"/>				If yes, where? Home <input type="checkbox"/> School <input type="checkbox"/> Library <input type="checkbox"/> Work <input type="checkbox"/>					
Ethnicity/Race (optional) Please check all that apply									
African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American <input type="checkbox"/>									
Other <input type="checkbox"/> _____									
EDUCATION									
High School Name									
Address									
City			State		Zip		County		
What grade will you be in as of September 2012 ?					Anticipated Graduation Date (month/year) :				
Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>									
My last semester GPA (Grade Point Average) was: _____ for the Spring <input type="checkbox"/> Fall <input type="checkbox"/>									
My overall GPA (Grade Point Average) is:									
TELL US ABOUT YOURSELF									
How did you hear about the program? _____									
Have you ever volunteered at a health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If so, where? _____									
Have you ever shadowed a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Who? _____									
Do you have friends or family members that are health professionals? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If so, what field? _____									
Have you ever participated in a science, math, or health career program? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If so, what programs? _____									
Does your school have any health career exploration clubs or programs? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If so, who is the teacher/contact for that program? _____									



HOSPITAL HILL HEALTH SCIENCE CAMP

Application Form continues.....

PARENT / GUARDIAN INFORMATION						
Name of parent /guardian						
Relationship to you: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other <input type="checkbox"/> _____						
Address						
City		State		Zip		County
Employer			Occupation			
Phone number where you can be reached: ()			Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>			
()			Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>			
Highest level of education of your parent or legal guardian has completed						
High School/GED <input type="checkbox"/> Professional/Technical School (1-2 yrs) <input type="checkbox"/> College (Associates degree) <input type="checkbox"/>						
College (Bachelors degree) <input type="checkbox"/> Some College (degree not obtained) <input type="checkbox"/> Graduate School <input type="checkbox"/>						
Ethnicity/Race (optional) <u>Please check all that apply</u>						
African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American <input type="checkbox"/>						
Other <input type="checkbox"/> _____						
Emergency Contact:						
Relationship to you: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other <input type="checkbox"/> _____						
Phone number: ()			Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>			
()			Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>			



HOSPITAL HILL HEALTH SCIENCE CAMP

Application Form continues.....

Consent to Participate

I certify that this enrollment form was completed by me (the student) or my parent/legal guardian and that all information is accurate. I understand that falsification of any information on this application may result in my being dismissed from the Health Science Career program. I understand that by submitting my application for this program, I am willing to participate to the best of my ability in UMKC health professional workshops, educational activities, and communications offered to me and that lack of participation or misbehavior will result in being removed from the program.

Student Signature

Date

I have read the enrollment form and certify that the information is accurate. I give permission for my child to apply and participate in this program. I understand that I may contact UMKC at any time to receive additional information regarding the program. If my child does not participate or misbehaves, I understand that he/she will be removed from the program. I agree to support him/her throughout the program and will willingly respond as requested to UMKC surveys regarding my child and his/her progress. I understand that this information will remain confidential.

Parent/Guardian Signature

Date

I also give permission for the UMKC transportation service and/or faculty/staff to transport my child back and forth to clinical sites. I hereby give my child permission to shadow at different health care facilities as designated by the UMKC faculty/staff for clinical shadowing experiences. I also give permission for my child to participate in clinical laboratory experiments, including, but not limited to such experiments as blood glucose, blood typing, and blood cholesterol monitoring.

Parent/Guardian Signature

Date

Media Release:

I hereby give UMKC permission to use photographs/video clips of my child participating to be used in publications, newspapers, television, website, or other visual media as related to the promotion of programs. Videotapes/photographs become the property of UMKC and may be used for news, education, or other purposes related to the advancement of the programs.

Parent/Guardian Signature

Date

UMKC is not liable for lost or stolen property. UMKC is not liable for personal injuries.