

# Health Care Summer Institute 2020

At The University of Florida's College of Medicine

June 21, 2020—July 18, 2020

<http://odhe.med.ufl.edu/>



Live On Campus



Health Related Activities

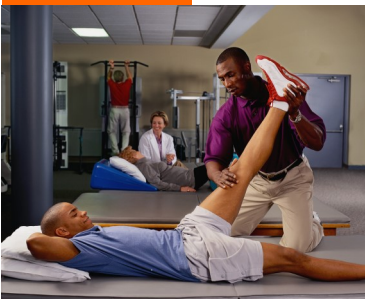


EXPLORE

A Career In Health

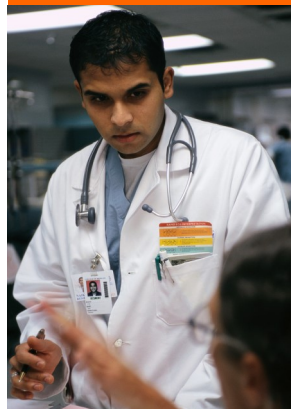


Shadow Health Professionals



## Eligibility:

- Current Sophomore or current Junior
- Minority, Rural and disadvantaged students
- Minimum 2.5 GPA
- Teacher recommendation
- Guidance counselor / Academic Advisor, or Employer recommendation
- Completion & submission of all documents & meet all registration requirements



SAT Preparation



Experience College Life



Weekend Field Trips



This institute made possible through the collaborative efforts of the Office for Diversity and Health Equity at the University of Florida's College of Medicine, UF Health, Big Bend AHEC, Northeast Florida AHEC, Suwannee River AHEC and West Florida AHEC (Area Health Education Center)

If you are interested in attending contact your guidance counselor or call the Office for Diversity and Health Equity 352-273-6656



**HEALTH CARE SUMMER INSTITUTE**  
**Summer 2020**

**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 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. 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.

**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 10<sup>th</sup> or 11<sup>th</sup> 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.

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: MARCH 30, 2020**  
**CAMP DATES: JUNE 21, 2020 – JULY 18, 2020**

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**STUDENT'S INFORMATION:**

**I. DEMOGRAPHICS:**

*(Print legibly or Type)*

\_\_\_\_\_  
Student's Name (Last, First and Middle Initial)                      Social Security Number                      Date of Birth (mm/dd/yyyy)  
(Needed to create UFID)

\_\_\_\_\_  
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?   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)

**II. SCHOOL**

\_\_\_\_\_  
Name of High School Currently Attending                      County                      Phone

\_\_\_\_\_  
Address                      City                      State                      Zip Code

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**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need any accommodations, e.g. physical?      YES      NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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**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 underrepresented 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

**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

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

**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*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*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 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.

**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 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. 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)
  
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 bring professional clothing for the time you will be involved with patients. 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)

**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.

**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:**

| <b>SIZE</b> | <b>MEN</b> | <b>WOMEN</b> |
|-------------|------------|--------------|
| 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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