



DEADLINE: May 1, 2016

Participation Fee:

A fee of \$25.00 is required once you have been notified by the coordinator that you have been selected to be a participant of 2016 AHEC Future Health Leaders Summer Camp. When you receive your acceptance letter please, include this fee along with the additional documents required, no later than **May 27th**. This fee is non-refundable. Fees can be paid by cash, check or money order.

Please make checks payable to: **SEAHEC**

Selection Process:

Please read carefully and initial.

_____ I understand, completing this application does not guarantee that I will be accepted to the 2016 Future Health Leaders Summer Camp.

_____ I understand, my application will not be considered if sent incomplete.

_____ I understand, I will be contacted by the FHL Coordinator by **May 13, 2016**, should I be accepted to the Future Health Leaders Summer Camp.

_____ I understand, I need to contact Tashina Machain at tashina@seahec.org or 520-331-0108 ASAP, should I find out I am **NO** longer able to attend FHL so that my spot can be given to another student.

**** Contact Tashina Machain at 520-331-0108 if you are unable to pay the application fee. ****

Important dates:

MAY 1 - Deadline to submit all application forms

MAY 13 - Applicants will be notified if selected to participate in the FHL Summer Program

May 27 - Selected students are required to pay a registration fee \$25.00, along with any additional documents, NO later than May 27th. Fee is non-refundable.

SEND APPLICATION FORMS TO:

**SEAHEC
Attn: Tashina Machain
1171 W. Target Range Road
Nogales, AZ 86521**

OR

EMAIL: tashina@seahec.org

2016 Future Health Leaders Summer Program Application Check List

The Following items must be completed and turned in by **May 1, 2016**. Please follow this check list for your convenience.

- Completed student information 2016 Future Health Leaders Summer Program application
 - Student and parent/guardian have signed the application forms.
- One (1) completed recommendation form is included
 - The form is sealed in a separate envelope with the teacher's signature across the flap.
- Medical Release Form
- Transportation/T-Shirt Form
- Photo Release Form

*The SEAHEC office will review all application materials received by **May 1, 2016**.*

SEND APPLICATION FORMS TO:

SEAHEC
Attn: Tashina Machain
1171 W. Target Range Road
Nogales, AZ 86521

OR

EMAIL: tashina@seahec.org

**Please complete the following forms and return to the SEAHEC office
No later than May 1, 2016.**

***Please provide e-mail address on the "Participant Application Form" ***

Note: It is the responsibility of the student to make sure that all application materials have been submitted on time to the SEAHEC office.

Incomplete and or late applications will not be considered.

2016 Future Health Leaders Summer Program
JUNE 12-18, 2016 @ THE UNIVERSITY OF ARIZONA

PARTICIPANT APPLICATION FORM

Applicants must be enrolled in high school grade levels 9-11. The summer program seeks students who are interest in exploring careers in the healthcare industry. Selected applicants will need to provide their own transportation to/from the program location, all other expenses, including meals, are covered outside of a nominal \$25.00 fee.

A) PERSONAL INFORMATION:

Date: ___/___/___ High School: _____ Grade: _____

Student Name: Last _____ First _____ M.I. _____
(As it will appear on the certificate of completion)

Student's e-mail: _____

Social Security #: _____ - _____ - _____ Phone #: (____) _____ - _____

Mailing Address:

_____ PO Box or Street Address City County State Zip Code

Gender: () Female () Male

Date of Birth: ___ / ___ / ___

Ethnicity: (please select only one)

- | | |
|--|--------------------------------------|
| () American Indian or Alaska Native | () White/Caucasian |
| () Native Hawaiian/Other Pacific Islander | () Black or African American |
| () Asian | () Hispanic/Latino/Mexican American |
| | () Other _____ |

Are you a member of the health career club: () No () Yes: Starting year _____

What are your career choices at the present time? Please number your top three choices. If you mark other please specify what other career you would like to explore.

- | | | |
|-------------------------|----------------------|-------------------------|
| () Medical Doctor | () Nursing | () Naturopathic Doctor |
| () Pharmacist | () Public Health | () Chiropractic |
| () Physical Therapy | () Dentist | () Allied Health |
| () Physician Assistant | () Dental Hygienist | () Other _____ |

Expected Graduation Year: _____

B) PARENTAL PERMISSION: This section must be completed by the student's parent/guardian.

I parent/legal guardian grant permission to the Southeast Arizona Area Health Education Center, for my child _____, (student name) to attend the 2016 Future Healthcare Leaders Summer Program at the University of Arizona from June 12th to June 18th, 2016.

I authorize the SEAHEC staff members to take all appropriate steps to seek medical attention deemed appropriate for my child and to notify me immediately in the event of any serious injury should occur involving my child.

I have reviewed, understand & signed the summer program application forms.

Parent/Guardian Signature

Date

Note: Parents/Guardians will be given further detailed information for the summer camp, in case child is selected to participate.

C) Essay Questions: This section must be completed by the student applicant.

Please answer these questions to help us understand why you are seeking a career in the health professions (*if needed, please attach additional pages*).

1. Which health profession do you want to pursue the most and why?

2. Briefly describe a major health problem in your community and how, as a health professional, you would address it.

May we contact you in your year of graduation from high school to find out where you are in the process of achieving your personal career goals? () Yes () No

Future Health Leaders Summer Program Recommendation Form

Please return this recommendation form to THE STUDENT in a sealed envelope with your name signed across the flap. Student must submit no later than **May 1, 2016** to SEAHEC office.

If you have any questions please contact at:

Tashina Machain
520-331-0108 CELL
520-087-4722 OFFICE
tashina@seahec.org

This student has asked you to provide an assessment of his/her suitability as a participant in the 2016 AHEC Future Healthcare Leaders Summer Program. We are interested in selecting students who have:

Previously demonstrated an interest in health careers (or could benefit from learning about such options).

Demonstrated past academic achievement, or whom you feel are capable of handling a college curriculum in the future (but whose grades may not presently reflect this).

Student's Name: _____

School: _____

Evaluator's Name: _____ Date: _____

Signature: _____

Position/Department: _____

Phone Number: _____ E-mail address: _____

- ❖ Please note that this is a two page student evaluation. it is the students responsibility to provide you with both.

Recommendation Form

In your opinion, what are this student's strengths?

Student's weaknesses (areas that may be improved)

Please give us your overall impression of the student and additional comments.



2016 Future Health Leaders Summer Program PARTICIPANT MEDICAL HISTORY

Parents/guardians must provide the following information to participate in the 2016 Future Health Leaders Summer Program.

Student Name: _____

Please answer Yes or No to the following questions:

1. Are you currently pregnant? () Yes () No If yes, please provide due date: _____

2. Do you smoke? () Yes () No

If yes, please note that it is against state law for minors to possess or use tobacco. We will enforce this law during the workshop.

3. Do you follow any special diet? () Yes () No If yes, please specify:

4. Do you have any of the following conditions? () Diabetes () Epilepsy () Seizures () Other
Please specify:

5. Other medical problems, chronic conditions or special situations about which we should know:

6. Do you require American with Disability Act-related assistance? () Yes () No

If Yes, please specify any requirements to allow us provide the necessary accommodations:

7. Medications: Please list any medications that you take regularly and will bring with you to the workshop (include vitamins, prescription & non-prescription medications, oral contraceptives, etc.):

8. Adverse reactions: Please list and describe any adverse reactions that you may have to medications:

9. Please list any other allergies that you may have (e.g. surgical tape, bee sting, etc.):

10. Please list and describe any food allergies that you may have:

(Medications brought to the workshop must be listed above and be in their original packaging).

11. Consent to Treat 17 Year Old or Younger 2016 FHL Summer Program Participants

(this section must be completed by the student's parent or guardian)

I give permission to the AHEC Health Career Program Director to arrange emergency medical care for my son/daughter in the event of an accident or illness and hereby grant permission to any licensed medical doctor, nurse, dentist, or other health care professional to provide treatment as deemed necessary.

If any student is not covered under a health care or medical insurance plan, charges for any treatment for illness or injury occurring during the summer program will be sent directly to the parent/guardian by the health care facility involved.

Signature of Parent /Guardian: _____ Date: _____

Please Print Parent/Guardian Name: _____

In case of an emergency Parent/Guardian contact:

Daytime Phone #: (____) _____ - _____ Evening Phone #: (____) _____ - _____

In case of an emergency and Parent/Guardian cannot be reached, contact: _____

Daytime Phone #: (____) _____ - _____ Evening Phone #: (____) _____ - _____



**2016 Future Health Leaders Summer Program
Transportation Agreement &
T-Shirt Size Information Form**

Student Name: *Last* _____ *First* _____ *M.I.* _____

School Name and City: _____

A) Transportation Agreement

Each AHEC strongly encourages parents/guardians to transport their sons/daughters selected to participate in this workshop to and from the location of the 2016 Future Health Leaders Summer Program (University of Arizona, Tucson, Arizona)

By signing this form, I ensure that (you may select more than one option):

- I will transport my son/daughter to University of Arizona campus on Sunday, June 12, for the 2016 FHL Summer Program, and will pick him/her up and return to my home on Saturday, June 18, 2016. Students should arrive at UA between 12:00 pm and 3:00 pm on June 12h, and pickup students at the University of Arizona by 12:00 pm on Saturday June 18th.
- I volunteer to transport other students from my son/daughter’s high school to and from the 2016 FHL Summer Program
- I give permission for _____ to pick up my son/daughter on June 18th.

Parent/Guardian Signature Date

(Please Print Parent/Guardian’s Name)

B) T-Shirt Size Information

Students participating in the 2016 FHL Summer Program will receive one free T-shirt. Students should wear this T-shirt during the group photo activity and during field trips. To receive the appropriate T-shirts, please provide the information requested below:

Student Gender: Female Male

Please check only one size for the T-shirt:

- S -Small M-Medium L-Large XL Extra Large XXL -Extra, Extra Large



2016 Future Health Leaders Summer Program

Release For Use Of Photographic Images

I hereby grant the Southeast Arizona AHEC, Northern Arizona AHEC, Eastern Arizona AHEC, and Greater Valley AHEC, the right to publish and display photographic images, videotape, and or voice recordings of myself taken during the 2016 Future Health Leaders Summer Program. I understand that such publications will be used for brochures, websites, display boards, and or conference materials, for this non-profit organization. I understand that my likeness will not be used for any financial gain and that I may choose not to sign this waiver without penalty. I waive all rights to fees and compensation for the use of these photographs, which are the property of the Arizona Area Health Education Centers.

Student Signature & Date: _____

Student Printed Name: _____

Parent/Guardian Signature & Date: _____

Parent/Guardian Printed Name: _____
