



# 2017 Summer Health Careers Institute

## Explore Health Careers



### THE PURPOSE

- To encourage high school students to pursue health careers;
- To provide these students with information and experience, which will help them, make intelligent educational career choices and;
- To expose high school students to the new model of health care service delivery that incorporates primary care and behavioral health.

During this summer program students will explore various medical / health professions as well as have the opportunity to tour health care facilities, discuss career options with professors and health practitioners and shadow a health professional during their Work Experience Practicum. The participants will live on campus at Adams State University. The SLVAHEC will provide rooms, meals and tuition for the students at no expense to the students. Following the Adams State University campus program, each student will participate in a Job Shadowing at a health care facility in the San Luis Valley. Throughout the school year, students and parents will participate in 4 pre-collegiate planning sessions known as the Student Health Careers Guild.



### THE PROGRAM

1. One week on campus at Adams State University May 30th to June 3rd
2. Job Shadowing
3. Four Student Health Careers Guild meetings during the school year

### HOW TO APPLY

For acceptance into program, applicants must:

1. Have a GPA of 2.5 or above
2. Be an incoming , sophomore, junior or senior
3. Must be at least 16 years of age by June 19, 2017 .
4. Application deadline is April 7, 2017. Selection notification by April 28, 2017.



Applications are available in your High School Counselors Office or at the SLV AHEC Office.

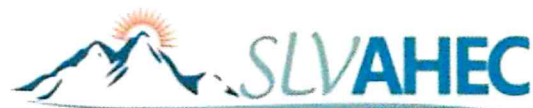
For more information call Lisa Lucero at (719) 589-4977, (719) 588-5363 or [lisa@slvahec.org](mailto:lisa@slvahec.org)

### SPONSORED BY



San Luis Valley Area Health Education Center  
P.O. Box 1657/300 Ross Alamosa, CO 81101 (719) 589-4977

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2017 Summer Health Careers Institute**



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**APPLICATION PACKET COVER SHEET**

*(This cover page must be included as the cover page of your Application Packet.)*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLICATION CHECKLIST**

*(Please submit documents in this order and check box verifying completeness)*

SINGLE SIDED COPIES ONLY. DO NOT STAPLE. PAPERCLIPS ARE ACCEPTABLE.

DOUBLE SIDED APPLICATIONS OR STAPLED APPLICATIONS WILL HAVE 10 (TEN) POINTS DEDUCTED.

- ☐ **1. Application Packet Cover Sheet**  
Maximum Points: 5
- ☐ **2. Completeness of Application**  
All Blanks Filled In  
Parent / Guardian Signature on Application  
Student Signature on Application  
Maximum Points: 10
- ☐ **3. Volunteer / Work Experience**  
Maximum Points: 20
- ☐ **4. Career Learning Education Experience**  
Maximum Points: 10
- ☐ **5. 2016-2017 High School Transcript**  
Maximum Points: 5
- ☐ **6. Essay Completed**  
Maximum Points: 30
- ☐ **7. Letters of Recommendation One**  
Maximum Points: Points: 10
- ☐ **8. Letters of Recommendation Two**  
Maximum Points: Points: 10

Application Packets must be received no later than April 7, 2017.

Please mail to:  
**San Luis Valley Area Health Education Center**  
P.O. Box 1657  
Alamosa, CO 81101

Applications may also be emailed to:  
[lisa@slvahec.org](mailto:lisa@slvahec.org)



**San Luis Valley Area Health Education Center  
2017 Summer Health Careers Institute**

**APPLICANT INFORMATION (PLEASE PRINT)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ GENDER: ☐ Male ☐ Female

ETHNICITY/RACE (Check One): ☐ African-American (not Hispanic)  
☐ American Indian / Native American or Alaskan Native/Aleut  
☐ Asian or Pacific Islander  
☐ Caucasian, European or White  
☐ Latino / Hispanic

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

UNWEIGHTED GPA\*: \_\_\_\_\_ (\*A copy of your school transcript is required.)

IN THE FALL OF 2017 I WILL BE A: ☐ Freshman (9<sup>th</sup>) ☐ Sophomore (10<sup>th</sup>) ☐ Junior (11<sup>th</sup>) ☐ Senior (12<sup>th</sup>)

*Note: You must be at least 16 by June 19, 2017 to attend the Summer Health Career Institute.*

**PARENT / GUARDIAN INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**STUDENT STATEMENT:** *By signing below, I certify that all the above information and requested attachments is true to the best of my knowledge. If selected, I agree to participate in the 2017 Summer Health Careers Institute, Job Shadowing and Student Health Careers Guild to my fullest potential. I also agree to abide by the rules, regulations and complete the entire week of the Summer Health Careers Institute unless conditions arise that are beyond my control.*

Date: \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT:** *I give my permission for my son/daughter to participate in all Summer Health Careers Institute trips and programs. I will support my student in the 2017 Summer Health Careers Institute, Job Shadowing and Student Health Careers Guild to my fullest potential. I understand I will not hold the SLV AHEC Center responsible for any accidents that may occur while my son/daughter is participating in the program or at the job shadow site during the Institute. I certify that I have read and fully understand the context of this statement.*

Date: \_\_\_\_\_

(Please PRINT) Parent / Guardian Name \_\_\_\_\_

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

**San Luis Valley Area Health Education Center  
2017 Summer Health Careers Institute**

**VOLUNTEER / WORK EXPERIENCE**

**Completeness Value: 20 points**

Please provide detailed information regarding your volunteer and work experience:

Agency:

Position:

Supervisor Name:

Supervisor Phone:

Dates: From:

To:

Number of Volunteer Hours:

Describe your volunteer or work experience:

Agency:

Position:

Supervisor Name:

Supervisor Phone:

Dates: From:

To:

Number of Volunteer Hours:

Describe your volunteer or work experience:

Agency:

Position:

Supervisor Name:

Supervisor Phone:

Dates: From:

To:

Number of Volunteer Hours:

Describe your volunteer or work experience:

Agency:

Position:

Supervisor Name:

Supervisor Phone:

Dates: From:

To:

Number of Volunteer Hours:

Describe your volunteer or work experience:

*If needed, you may submit additional Volunteer / Work Experience on a separate sheet of paper.*

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**Career Learning Education Experience**

Completeness Value: 10 points

Participant Last Name: \_\_\_\_\_

Participant First Name: \_\_\_\_\_

Participants will engage in a Work Experience Practicum at a local health facility. Although every attempt to match participants with their greatest areas of interest will be made, it cannot be guaranteed.

**Please rank in order your top 3 areas of health career interests using the following scale:**

**1 = first greatest interest**

**2 = second greatest interest**

**3 = third greatest interest**

Rank	Health Profession
	Dental Hygiene
	Dentist
	Nurse
	Pharmacist
	Physical / Occupational Therapist
	Physician Assistant
	Physician
	Psychiatric Nurse
	Psychologist / Counselor
	Substance Abuse Counselor
	Veterinarian
	Social Worker
	Other (please specify):

Note: Although we try to place students with either their first second or third choices, we cannot guarantee placement. **Only pick 3.**

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**ESSAY**

Each applicant must submit an essay addressing the following questions clearly.

**Completeness Value: 30 points**

**Instructions**

Be sure to include your full name and date of birth (mm/dd/yyyy) on the top of the page of the essay.

**Typed essays should be between 300 and 500 words.**

- a. Why do you want to attend the Summer Health Careers Institute?
- b. What are your current college plans?
- c. What is your current career goal(s) and why?
- d. If you were selected, what would be your expectation of the Summer Health Careers Institute?

This must be included in your Applicant Packet. Refer to the Application Packet Cover Sheet.

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**LETTER OF RECOMMENDATION - ONE**

Student Last  
Name: \_\_\_\_\_

Student First  
Name: \_\_\_\_\_

***Completeness Value: 10 points***

**Instructions**

The mission of the **Summer Health Careers Institute** is to encourage underrepresented high school students from all regions of the San Luis Valley to pursue a career in health care. By fostering high academic performance, identifying and utilizing available resources, mentoring and enhancing social skills through university-based programs and activities, the institute seeks to facilitate the transition from high school to college and increase the student's potential for successful completion of health professions.

Please obtain one Letter of Recommendation from person(s) not related to you asking them to state why they think you would be a good candidate for the institute.

Letter of Recommendation One (1) letter must be obtained from someone who knows you in the community and is NOT a teacher or family member (i.e. church, work, neighbor, etc.).

Completed Letter of Recommendation One should be given to the student.  
The student will submit the letter with their student Applicant Packet.

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**LETTER OF RECOMMENDATION - TWO**

Student Last  
Name: \_\_\_\_\_

Student First  
Name: \_\_\_\_\_

***Completeness Value: 10 points***

**Instructions**

The mission of the **Summer Health Careers Institute** is to encourage underrepresented high school students from all regions of the San Luis Valley to pursue a career in health care. By fostering high academic performance, identifying and utilizing available resources, mentoring and enhancing social skills through university-based programs and activities, the institute seeks to facilitate the transition from high school to college and increase the student's potential for successful completion of health professions.

Letter of Recommendation Two (2) letter may be obtained from anyone of your choice (i.e. teacher, school guidance counselor, community/neighborhood member, church leader or any adult who knows enough about you to recommend you to attend this Institute; this may not be a family member).

Completed Letter of Recommendation Two should be given to the student.  
The student will submit the letter with their student Applicant Packet.

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