

Part II: Application for Summer Health Careers Institute

High School: _____ Grade level now: _____ Grade level next fall: _____

First Name: _____ Last Name: _____ Date of Birth: _____ Gender: Female Male
(month - day - year)

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Ethnicity: African American Asian Caucasian Latino/a
 Native American Pacific Islander Other Prefer not to respond

What language(s) are spoken in the home? _____

Are you fluent in a language other than English? yes no

What language(s) are you fluent in? _____

Have you completed Biology? yes no

If no, are you currently enrolled in Biology with a passing grade? yes no

Parent/Guardian Name (s): _____

Parent/Guardian Daytime Phone Number: _____

Parent/Guardian E-Mail: (optional) _____

NOTE: LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Part III: Supplemental Questions

Tell us about yourself. Being thorough with your answers will allow us to get to know you.

1. How did you hear about SHCI? Why are you applying? What interests you most about SHCI?
2. Successful participation in the SHCI will require a five week, seven hour a day commitment. Can you make that commitment?
What might prevent you from completing the program?
3. What hobbies and extra curricular activities do you enjoy?
4. What kind of career or job do you see yourself having in the future? Why are you interested in that field?
5. If your friends were here now, and you were not in the room, how would they describe you?
6. How can you contribute to the cultural diversity in the healthcare workforce?

Part IV: Statement of Parental Commitment and Support

I, _____, am the parent/guardian for student _____.

I understand that my child is applying for the Summer Health Careers Institute, which provides her/him with: college/high school credit. I am aware that this program runs for five weeks and my child will be attending the program for approximately seven hours a day.

If my child is chosen as a participant in the Summer Health Careers Institute, I will demonstrate my support by assuring that my child:

- Has access to reliable transportation to the various places where activities will take place.
- Will arrive on time, appropriately dressed, equipped, and ready to actively participate.
- Will be provided an appropriate place to complete reading and homework assignments outside of class.
- Is aware that this program takes place on the campus of Santa Rosa Junior College. Like any typical college campus it has students of adult ages, cigarettes and materials designed for adult reading/viewing for sale in its campus bookstore. Students involved with SHCI are not permitted to buy, use, sell, or possess cigarettes, alcoholic beverages, controlled substance, or adult reading materials. Failure to comply with this prohibition or with the direction of the program is grounds for removal from the program.

I have read the above and agree to the conditions of the application process.

Parent/Guardian Signature:

_____ Date _____

Student Signature:

_____ Date _____

Applications must be postmarked or e-mailed by March 1

(Please mail completed applications to the address below.)

Screening and Interviews:

March 1 - April 1

Final Selection Announced:

April 1 - April 10

Orientation: **Early May**

Program Begins: **Mid-June**

How to apply:

1. A teacher nominates students by filling out the attached Teacher Nomination section.
2. A teacher gives the application to the student and the student completes:
 - Application for Summer Health Careers Institute
 - Supplemental Questions
 - Statement of Parental Commitment and Support
3. The student must fax in, or mail in the completed application by March 1 to the address listed here.

If you have questions please contact:

Healthcare Workforce Development Program

Phone: (707) 527-4809

E-mail: hwdp@santarosa.edu

For information in Spanish:

Phone: (707) 521-7881

hwdp@santarosa.edu

Healthcare Workforce Development Program

c/o SRJC

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