

APPLICATION 2010 – Health Researchers Youth Academy – Current 11th

AHEC Health Careers Program – July 4 - 16, 2010

(Response to all areas required, information will remain confidential)

1 First Name: _____ Middle: _____ Last Name: _____
Address: _____ City: _____
County: _____ ZIP: _____ Gender: M _____ F _____
Last Four Digits of Social Security # _____ Date of Birth: ____/____/____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email REQUIRED: _____ Are you a U.S. citizen? Yes _____ No _____
Racial/Ethnicity: _____ African-American _____ Asian or Pacific Islander _____ Choose not to disclose
_____ Caucasian _____ Native American or Alaskan
_____ Hispanic _____ Other (Please identify) _____

2 High School Attending: _____ County: _____ Graduation Year: _____
School Phone (____) _____ - _____
List extracurricular, academic, church, voluntary, community service, or school activities in which you have participated (attach a separate sheet if necessary): _____

Have you participated in any other summer programs? Yes _____ No _____
If yes, when? _____ If yes, title of program: _____
Have you ever been required to leave school for disciplinary reasons? Yes _____ No _____
If yes, please explain: _____

3 Mother or Guardian (Name): _____
Occupation: _____ Highest Grade Completed: _____
Father or Guardian (Name): _____
Occupation: _____ Highest Grade Completed: _____
Address (Guardian): _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact: _____ City: _____ State: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Please explain any special circumstances you would like to be known in considering you for the Health Researchers Youth Academy (e.g., lengthy family illness, disabled parent, etc.): _____

Family Income: _____ Number of Dependents: _____ Number Living at Home: _____

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All application documents must be received as one packet by March 19th.

1. Include a Personal Statement: 300 word typed (double-spaced) one page essay describing your interest in pursuing a medical/health career.
2. Two Sealed Letters of Recommendation:
 - High school teacher, Guidance counselor or health professional
(Letters of Recommendation must be sealed and signed on the seal of the envelope. These letters should include an assessment of the applicant's interpersonal skills, reliability, perseverance, communication skills, self-confidence, empathy/consideration of others, maturity, and motivation for a medical/health career.)
3. Official High School Transcript
4. Health Researcher Youth Academy Application
** Incomplete Applications will delay processing*

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By my signature below, I hereby certify that the information provided on this application and in my personal statement is true and accurate to the best of my knowledge.

Signature of Student

Date

By my signature below, I hereby certify that I have reviewed the information with my child and it is true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

MAIL TO University of Kentucky
 Area Health Education Center
 138 Leader Avenue
 Lexington, KY 40506-9983