



2012 MedStart Summer Camp



MedStart Summer Camp Application

Applications must be postmarked by **March 16, 2012** to be considered. Please direct questions to and mail application to:

2012 MedStart Summer Camp

c/o South Central MT AHEC

PO Box 872

Dillon, MT 59725

Tel: 406.683.2790 ♦ Fax: 406.683.2708

bergen@mtha.org

A complete application consists of the following:

- Application Form (*pages 1- 4*)
- Health Information Form / Declaration of Insurance (*page 5*)
- Attached Copy of Insurance Card (*requested on page 5*)
- Liability Release Statement / Consent for Photography & Media use /Parent Permission (*page 6*)
- Two Recommendation Forms (*from 2 separate evaluators - include in a sealed envelope from the evaluator*) (*pages 7-10*)
- High School Transcript (*unofficial copy is acceptable*)

MedStart Summer Camp Program Description

Who: MedStart Summer Camp is a program funded by the Montana AHEC (Area Health Education Center) system. Montana AHEC is a federally funded organization whose programming aims to address the healthcare workforce shortage in Montana. One way we do this is by encouraging students to pursue careers in healthcare. There are five AHEC offices across the state located in Bozeman, Billings, Missoula, Dillon, and Fairfield.

What: MedStart Summer Camp is an AHEC funded program designed to encourage incoming junior and senior high school students to pursue their interest in a variety of healthcare careers. AHEC focuses on accepting students who come from low-income families, rural areas, are minorities, or will be first in their family to attend college. The aim of MedStart is to provide students - who may not otherwise have the opportunity - a chance to further explore healthcare careers, learn about college life, and realize it is possible to pursue higher education.

Why: Montana, and the nation as a whole, is facing a healthcare workforce shortage. To develop the next generation of healthcare professionals, the Montana AHEC system has organized MedStart Summer Camp as one way to foster student's interest in pursuing careers in healthcare. The goal is to provide students with the support and resources needed to enter and succeed in the healthcare industry. This "grow your own" approach can be seen as one way to fill the healthcare pipeline and ultimately address the healthcare workforce shortage.

2012 MedStart Summer Camp

Today's date: _____ **Attach additional pages as needed, include your name on each page**

PERSONAL INFORMATION

Have you applied to MedStart before, Yes or No? (circle one) Have you attended MedStart, Yes or No? (circle one)

1. Last name: _____ First: _____ M. initial: _____

2. Mailing address: _____

_____ Town State Zip code

3. Telephone: _____ E-mail: _____

Please provide a valid, legible, email address (student OR parent) that **will be checked regularly.**

This will be the method of communication from the MedStart staff.

4. MT County: _____ 5. Gender: Female Male

6. Birth date: _____ 7. Current age: _____

8. High school presently attending: _____ City: _____ Phone: _____

9. Currently what grade are you in? 10th 11th Name of Guidance Counselor: _____

10. Do you plan to attend college? Yes 2 yrs. 4 yrs Other: _____

No Other post-graduation plans: _____

11. How interested in a healthcare career are you? (circle one) Not at all Somewhat Very

12. How likely are you to pursue education in a healthcare field? Not at all Somewhat Very

13. Please list your top areas of career interest. i.e.: physician, radiologic technician, physical therapist, nurse, etc...

A. _____ B. _____ C. _____

14. Please list community service and/or volunteer activities have you participated in during high school?

15. Please list extracurricular activities (music, church, sports, etc.) in which you have been involved.

16. Please list any honors you have received while attending high school.

17. Please list job experience, noting applicable dates and approximate hours per week

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STUDENT BACKGROUND

Please note: Montana AHECs do not discriminate based on information provided. However, preference is given to students who are from a rural background; are racial, ethnic, or cultural minorities; are low income; or who are potential first generation college students. All MedStart Summer Camp participants receive full scholarships to the program, which cover costs such as room, board, entertainment, scrubs, materials, etc. Assistance with travel costs to and from the applicable MedStart camp will be available if needed. MedStart Summer Camp is not offered for high school credit.

18. What class does your high school fall into (ex: AA, A, B, C) _____

19. A. Do you describe yourself as:

() Hispanic/Latino or () Non-Hispanic/Latino

B. How would you describe your racial origin? (Please check as many as apply)

Asian

American Indian/Alaskan Native (Tribe(s): _____)

Black/African American

Native Hawaiian/Pacific Islander

White/Caucasian

Other: _____

20. Do you identify yourself as a racial, ethnic, or cultural minority? Yes / No (please circle one)

If so, please specify: _____

21. Do you **qualify** for free or reduced lunch (even if you do not receive it) Yes / No (please circle one)

See income guidelines here: http://www.opi.mt.gov/pdf/SchoolFood/Forms/11_12Income-Eligibility-Guidelines.pdf

22. Please respond according to the parent(s)/guardian(s) **with whom you live most of the time:**

Parent or Guardian #1

Parent or Guardian #2

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Previous Healthcare Employment: Yes /No Previous Healthcare Employment: Yes /No

Education: _____ Education: _____
(Highest level completed) (Highest level completed)

23. How did you hear about MedStart Summer Camp? (please check all that apply)

School (counselor, teacher, etc.)

Online (where?): _____

AHEC Staff

Hospital: _____

Flyer/Poster

Other: _____

24. Four Med Start Camps will be offered in the summer of 2012. Based on your availability, interest, and preference, please rank the following three camp locations, with #1 being your first choice, #2 your second choice, #3 your third choice, and #4 your fourth choice. 110 students will be selected state-wide.

_____ Billings: Montana State University – Billings, June 24-29, 2012

_____ Missoula: University of Montana, June 24-29, 2012

_____ Bozeman: Montana State University, June 24-30, 2012

_____ Great Falls: University of Great Falls, July 8-13, 2012

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Health Information Form

Any current health problems/injuries? _____

Any recreation restrictions? _____

Allergic reactions (food, insects, pollen, drugs, other) _____

Any special dietary needs? _____

Name of family physician: _____ Telephone _____

Please list all prescription medications that the participant will bring to MedStart: _____

Would you like the MedStart staff to store medication in a lock box for the participant? _____

Please list any non-prescription medications the participant will use during MedStart: _____

Primary Emergency Contact Information _____

Secondary Emergency Contact Information _____

Student Initial: _____ **Parent Initial** _____

Declaration of Insurance

Health insurance is a necessity for every individual attending MedStart. The MedStart Summer Camp staff wants to ensure that each student has medical insurance and access to healthcare should they need it in the event they are ill or in need of medical assistance. Please complete the following, check the line that applies, and return this form to us, along with other application materials, by March 16, 2012. Students without insurance will not be allowed to participate in the MedStart Summer Camp. Please let us know if this requirement is a problem. Students may be able to be covered through Healthy Montana Kids (www.hmk.mt.gov or 877.543.7669) or it is possible to arrange for short-term health insurance. Medicaid is coverage.

Participant Name _____

Name, address, and phone number of person responsible for participant's medical bills.

I have health insurance. My insurance company and policy numbers are listed below (please attach a copy of the insurance card):

I do not have health insurance. I therefore understand that if I cannot arrange for coverage, temporary or otherwise, I will not be able to participate in the MedStart Summer Camp.

Student Initial: _____ **Parent Initial** _____

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Liability Release Statement

IN CONSIDERATION of participation in the MedStart Summer Camp, Student and Student's Parent or Legal Guardian are hereinafter referred to as the "UNDERSIGNED." The UNDERSIGNED hereby release the applicable university system, Montana AHEC and its successors and assignees, the MedStart Summer Camp and its staff and faculty, from all claims for damages arising out of or related to any loss, damage, or injury incurred by Student or Student's property which may occur during Student's participation in the MedStart Summer Camp, whether arising directly or indirectly from such participation in said program. The UNDERSIGNED acknowledge the Health Information Form to be true to the best of their knowledge, and certify that there are no medical reasons to the best of their knowledge that would not allow the STUDENT to participate in any or all of the activities of the MedStart Summer Camp. The UNDERSIGNED hereby state that no claim for negligence will be pursued against MedStart Summer Camp or the applicable university system in connection with any injury arising out of such participation in the MedStart Summer Camp.

Student Initial: _____ **Parent Initial** _____

The UNDERSIGNED understand that participants will be under adult supervision during the organized activities and while in the dormitory. It is also understood that participants will observe the MedStart Summer Camp rules designed for student safety and will exhibit proper behavior. In the event of an injury or illness, the UNDERSIGNED consent that all necessary and/or appropriate treatment in connection with such injury/illness may be administered by qualified medical and/or dental personnel that are available in the area referred by the MedStart Summer Camp staff. The UNDERSIGNED understand that this may be applicable in cases where parental contact is impossible or untimely.

Student Initial: _____ **Parent Initial** _____

The UNDERSIGNED realize that participants will have the opportunity to participate in a variety of hands on activities (such as typing their own blood, suturing, etc...) facilitated by the staff of the healthcare facilities and in several different University departments. The UNDERSIGNED understand that participants have the option of choosing **not** to participate in any particular activity.

Student Initial: _____ **Parent Initial** _____

Consent for Photography and Media Use

During the MedStart Summer Camp, photographs and videotape footage may be taken for purposes of documenting the program, promoting the program, and evaluating the program. I hereby consent to be photographed during MedStart, with the understanding that photographs may be used for media use in AHEC/MedStart related publications.

____ yes ____ no

I additionally consent to being identified by name in connection with the publication of photographs.

____ yes ____ no

Student Initial: _____ **Parent Initial** _____

I, _____, hereby grant permission for my child, _____, to participate in a 2012 MedStart Summer Camp. I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE GUIDELINES AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT. I understand that the MedStart Summer Camp, reserves the right to remove students from the summer program at any time for misconduct or non-compliance with policies and procedures.

Signature of applicant: _____ **Date:** _____

Signature of parent/guardian: _____ **Date:** _____

**2011 MedStart Summer Camp
Coordinated by Montana AHECs**



Recommendation Form

(to be filled out by two different evaluators)

Please return this evaluation in a sealed envelope to the student. **Do Not Mail Separately******

APPLICANT NAME: _____ **SCHOOL:** _____

This student has asked you to provide an assessment of his/her suitability as a participant in the one-week MedStart Summer Camp. The program is open to high school juniors and seniors in the fall of 2012 (current sophomores and juniors). 110 students will be accepted state wide. Many students who apply qualify academically, and would benefit from the enrichment opportunity; however, we try to evaluate students based on a combination of interest, ability, and need, as best we can.

We are interested in mature, responsible, and motivated 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 academically promising but whose grades may not currently reflect this.

Students who meet one or more of the following criteria are particularly encouraged to apply:

- under-represented minority
- from a rural area
- economically disadvantaged
- from a family in which neither parents are college graduates

All MedStart Summer Camp participants receive full scholarships to the program, which cover costs such as room, board, entertainment, scrubs, materials, etc. A travel stipend for transportation to and from the applicable MedStart camp is available, if needed, after acceptance into the program.



In comparison with other students you have known, please evaluate the applicant in the following areas:

	LOWEST			HIGHEST	
LEADERSHIP SKILLS (problem solving, ability to see alternatives, etc.)	1	2	3	4	5
MOTIVATION (desire to achieve academically, self-initiative)	1	2	3	4	5
VERBAL SKILLS AND EXPRESSION (clarity and coherence)	1	2	3	4	5
INTERPERSONAL CONTACT (openness, ability to relate effectively to others)	1	2	3	4	5
RESPONSIBILITY	1	2	3	4	5
MATURITY	1	2	3	4	5
ACADEMIC ACHIEVEMENT	1	2	3	4	5
ACADEMIC POTENTIAL	1	2	3	4	5

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MATURITY	1	2	3	4	5	1	2	3	4	5
ACADEMIC ACHIEVEMENT	1	2	3	4	5	1	2	3	4	5
ACADEMIC POTENTIAL	1	2	3	4	5	1	2	3	4	5

