



Health Scholar Application

APPLICATION CHECKLIST

Applications must be typed or printed neatly and legibly. Please use black ink only! All applications must be received by _____.

A completed application submission should include all of the following items:

- Completed Health Scholar Application (including essay questions)
- Recommendation Form
- Copy of High School Transcript

Please mail or turn in to:

PERSONAL INFORMATION

Full Name: _____

High School: _____ Grade: _____ Current Unw. GPA: _____

Date of Birth: _____ Age: _____ Gender: M F Trans Other: _____

Email Address: _____

Race & Ethnicity: _____

Primary Language Spoken: _____ Other Language(s) Spoken: _____

Annual Household Income: _____ Number of People in Household: _____
(approximate is okay)

Health Insurance Carrier: _____ Health Insurance Policy #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Cell: _____

(1) Parent/Guardian Name: _____ Relationship to Applicant: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Primay Language Spoken: _____ Other Language(s) Spoken: _____

(2) Parent/Guardian Name: _____ Relationship to Applicant: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Primay Language Spoken: _____ Other Language(s) Spoken: _____

ESSAY QUESTIONS

1. What events or people in your life sparked your interest in the field of health care?

2. What areas of health most interest you? (Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Nursing Specialty? _____ | <input type="checkbox"/> Mental / Behavioral Health | <input type="checkbox"/> Physical / Occupational Therapy |
| <input type="checkbox"/> Medicine (Doctor - includes family practice, surgery, specialty, etc.) | <input type="checkbox"/> Dental | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Community Health Educator | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Public Health (disaster preparedness, infectious disease, etc.) |
| <input type="checkbox"/> Patient Navigator | <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Global Health |
| <input type="checkbox"/> Allied Health Professional (Medical Assistant, Phlebotomist, Ultrasound Technologist, etc.) | <input type="checkbox"/> Lab/Research | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Women's Health | <input type="checkbox"/> Healthcare Administration / Clerical |
| | <input type="checkbox"/> Pediatrics | |

3. What parts of the FACES program interest you the most?

4. Please identify 3 personal strengths and describe how they will contribute to the FACES program and the group dynamics.

5. What circumstances in your life do you feel might prevent you from reaching your goals?

7. Describe a situation where you exhibited your leadership abilities, whether it was amongst your peers, family, church, club, neighborhood, school, or in any other situation.

8. If you have had problems with your grades, attendance, behavior, etc. in high school, please describe and explain. How could the FACES program support you to improve in these areas? (Please note that your answer to this question will not have any bearing on admissions decisions.)

9. Are you willing to commit to all program activities even if this time may overlap with school, after-school, and weekend hours? Yes No

10. What may prevent you from keeping this commitment?

11. Will one of your parents, guardians, or other responsible adult in your family be able to attend occasional meetings? Yes No

12. What may prevent your parent, guardian, or family member from upholding this commitment?

ACKNOWLEDGMENT

I have read and understand the information about FACES for the Future. In submitting my application, I confirm that I am able to commit to the expectations of the program, including availability, effort, and responsibility. I understand that my application is not complete unless ALL signatures are obtained. I am NOT signing for my parent/guardian.

Signature of Student: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____

PHOTOGRAPH

We will take a photograph of you during your interview. The purpose of this photo is to help us remember your faces and names. If you would like to submit your own photo in addition, you may do so by taping one in the box below.