

2014

Della Keats Health Sciences, Summer Research & ANCAP Summer Programs

UNIVERSITY of ALASKA ANCHORAGE

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Della Keats & ANCAP Program Dates: Sunday, June 15 to Friday, July 25, 2014

Accepting Applications beginning: Monday, September 16, 2013

Della Keats & ANCAP Application Deadline: **Friday, March 7, 2014**



Application Checklist: (PLEASE BE SURE TO CHECK OFF ITEMS)

- Complete application form (*Please use INK and write legibly or type*)
- Attach responses to essay questions
- Submit a current high school transcript (*Ask your high school counselor how to obtain your transcript.*)
- Complete and submit the two (2) student recommendation forms (*Note: One MUST be from a science or mathematics teacher.*)
- ANCAP applicants will need an additional letter from a teacher that can speak about the student's interest in mental/behavioral health or psychology.
- Include a current photograph of yourself
- I have read and understand there is a May 9th job shadow immunization requirement deadline. (Does not apply for ANCAP & Summer Research applicants)

APPLICATION FORM

A. I am applying to the:

Della Keats Health Sciences Program (open to Alaskan students currently enrolled in either their junior or senior year of High School)

Della Keats Summer Research Program (open to Alaskan students enrolled in their senior year of High School who have already completed a Della Keats program or an equivalent program such as the UAF RAHI program)

Alaska Native Community Advancement in Psychology (ANCAP) Summer Program (open to Alaskan students currently enrolled in either their junior or senior year of High School)

B. For applicants to the Della Keats Summer Research Program.

I completed the Della Keats Health Sciences Summer Program or an equivalent program in 20_____

Name of equivalent program: _____

PERSONAL INFORMATION

All Information is Required

1. Last Name: _____ First Name: _____ M.I. _____

2. Social Security Number (REQUIRED): _____ 3. Phone #: _____

4. E-mail Address: _____ 5. Message Phone #: _____

6. Parent's Email: _____ 7. Parent's Daytime Phone #: _____

8. Address: _____

Street Address/P.O. Box

City

State

Zip Code

Contact Address: _____

(if different)

Street Address/P.O. Box

City

State

Zip Code

9. Gender: Female Male

10. Date of Birth: _____ 11. Place of Birth: _____
12. Present Age: _____ 13. Country of Citizenship: _____
14. If you are not a U.S. citizen or national, are you a permanent resident? No Yes.
If yes, what is your Alien number (REQUIRED): _____
15. How do you describe yourself? (Information collected for federal reporting purposes only)
- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native of a US Caribbean Territory, e.g. Puerto Rico (Specify below) |
| <input type="checkbox"/> Mexican-American | <input type="checkbox"/> Other Hispanic (Specify below) |
| <input type="checkbox"/> Native American (Specify below) | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Alaska Native (Specify background below) | <input type="checkbox"/> Native of Hawai'i or a US Pacific territory, e.g. Samoa (Specify below) |
| <input type="checkbox"/> Other Pacific Islander (Specify below) | <input type="checkbox"/> Asian (specify below) |
| <input type="checkbox"/> Other (Specify below) | |
- Specify _____
16. If you are Alaska Native, to which Regional Corporation(s) do you belong?

17. Which is the primary language spoken in your home? _____
18. Have you attended school for two or more years in a non-English speaking country? If yes:
In what years: _____, in what country/countries _____ and in what language(s)? _____

EDUCATIONAL BACKGROUND

19. High school presently attending: _____ City: _____
20. In what grade are you currently enrolled? Junior Senior Other _____
21. What were your scores on the following tests (if available)? PSAT _____ SAT _____ ACT _____
(Please attach a copy of your scores, if applicable.)

22. Science and Math Education

List the titles of the high school science and math courses you've completed, and list the grades you received in each course.

| COURSE | GRADE | COURSE | GRADE |
|--------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

23. Do you plan to attend college? Yes No
For how long? 2 yrs. 4 yrs. Other: (Specify) _____
Are you planning on attending UAA? Yes No
24. What are your career choices at the present time?
1st _____ 2nd _____ 3rd _____

ACTIVITIES

25. A. List the extracurricular and sports activities in which you have been involved while attending high school.
- | | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- B. List any honors you received while attending high school.
- | | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

26. List paying or volunteer jobs held during high school, enter the dates you worked and the approximate number of hours worked per week (jobs like babysitting and yard work may be included).

| <u>COMPANY</u> | <u>YOUR TITLE/POSITION</u> | <u>DATES & HOURS PER WEEK</u> |
|----------------|----------------------------|-----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

27. Student's participating in Della Keats and ANCAP are supported by grants. As part of their participation in the Della Keats and ANCAP programs, students will be required to maintain contact and provide information to UAA about their educational progress. Such data will be kept confidential, and will be used to report on the activities of students participating in this effort. Collecting this data will continue after high school graduation and throughout undergraduate and upper graduate school. Are you prepared to commit to providing this type of information?

Yes No Signature _____

28. Have you previously participated in the Della Keats Program or in a similar summer program such as the NIH NIDDK's STEP UP and AN/SIP programs, Alaska Native Science and Engineering Program (ANSEP), or the UAF RAHI program? If yes, which program(s) and in what year(s)?

29. How did you learn about the Della Keats or the ANCAP Program?

ESSAY QUESTIONS

30. We are interested in why you are seeking a health science career and how an experience such as the Della Keats Health Sciences Summer Program, the Della Keats Summer Research Program, or the ANCAP Summer Program would be of benefit to you. ***On separate sheets of paper, typed or legibly written***, please provide detailed answers of 150 to 250 words for each of the following questions.
- A. Which health science/behavioral health profession do you most want to pursue? Briefly highlight your life experiences, talents, and personality traits that you feel would make this as a good career choice for you.
- B. Describe a health, behavioral or mental health problem you have observed in your community, and what do you think are some strategies that may be used to address this problem?
- C. Choose one person you have known that has had a large impact on how you live your life. Describe how that person influenced you.
- D. What has been your greatest accomplishment thus far?
- E. Why are you interested in attending the Della Keats Health Sciences, Summer Research Program, or the ANCAP Summer Program?

FAMILY BACKGROUND (This Section Should Be Completed by Parent(s) or Guardian(s): All Information is Required)

31. Parents' marital status:

Married Divorced Legally Separated Single Parent Widowed

32. FATHER MOTHER GUARDIAN

Name: _____ Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____ Date of Birth: _____

Place of Birth: _____ Place of Birth: _____ Place of Birth: _____

Occupation: _____ Occupation: _____ Occupation: _____

Education: _____ Education: _____ Education: _____
(Highest Level Completed) (Highest Level Completed) (Highest Level Completed)

33. Have you or your spouse ever worked in a health-care field? Yes No

34. How many people currently reside in family household? _____ Number of Adults: _____ Number of Children: _____
Age of Each Child _____

35. Have any of your children ever gone to college or vocational school?

College: Yes _____ years No Vocational school: Yes _____ years No

36. How likely is it that your child, who is applying to Della Keats, will attend college?

Very likely Somewhat likely Not very likely

37. What would prevent your child/children from attending college or vocational school?

Please explain. _____

38. Is your son or daughter eligible for the National Free/Reduced Price Lunch program?

Yes - Free Lunch Yes - Reduced Price Lunch No

39. Total annual household income (please include ADC, Child Support, Alimony, Pensions, Dividends, e.g. the Alaskan PFD, etc.):

less than \$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000
 \$40,001-\$50,000 \$50,001-\$75,000 \$75,001-\$100,000 \$100,001 and above

40. Do you have health insurance? Yes No

If yes, what is the name of the company and policy ID? _____

IMPORTANT NOTICES

- Participation in the Della Keats and ANCAP Summer Programs involves many hours of coursework, seminars, and mentoring experience, and participants live on the UAA campus for the duration of the programs. PARTICIPATION IN OUTSIDE JOBS, SUMMER SCHOOL, OR SUMMER CAMP IS NOT PERMITTED WHILE ATTENDING THIS SIX-WEEK PROGRAM.
- The Della Keats Health Sciences, Summer Research Program, and the ANCAP Summer Program, of the University of Alaska Anchorage reserve the right to remove students from the summer programs at any time for misconduct or non-compliance with policies and procedures.
- **Special Note:** Job shadows are a major feature of the Della Keats program. Health facilities where job shadows take place require that your child must have an up-to-date shot/immunization record. There is no exception. Some immunization series, e.g. Varicella (chicken pox) or TB chest x-rays, with results, may require weeks or months to be complete. Applicants that do not provide documentation of shots by the May 9, 2014 deadline will be dropped. Please see immunization requirements at the end of this application. Della Keats Summer Research & ANCAP applicants do NOT have to meet the immunization requirements.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

The University of Alaska ensures equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, disabled veteran, or Vietnam era veteran status in accordance with University policy and applicable federal and state statutes and regulations.

This program is sponsored in part by grants provided and/or administered by UAA WWAMI – School of Medical Education, INBRE, Alaska Native Tribal Health Consortium, New York Life

Student Recommendation Form

APPLICANT NAME: _____ **SCHOOL:** _____

We rely heavily on your recommendation, particularly concerning non-academic characteristics.

This student has asked you to provide an assessment of his/her suitability as a participant in the demanding six-week Della Keats Health Sciences, Summer Research or Alaska Native Community Advancement in Psychology programs.

We are interested in students who have demonstrated an interest in health careers, such as nursing, medicine, or biomedical research, psychology, behavior health or who could benefit from learning about health career options. Although, their high school grades may not currently reflect this, we try to admit students who have demonstrated past academic achievement or who are capable of handling a college curriculum in the future.

| CHARACTERISTICS | Out-standing | Very Good | Good | Fair | Poor | Unable to Judge |
|--|--|-----------|---|--------------|---|-----------------|
| INTELLECTUAL CAPACITY: Ability to comprehend, integrate, and manage a large quantity of information | | | | | | |
| MOTIVATION (I): Genuineness and depth of commitment to the health care profession | | | | | | |
| MATURITY: Personal development, ability to cope with life situations | | | | | | |
| INTERPERSONAL RELATIONS: Ability to get along with others, rapport, cooperation, attitude toward supervision | | | | | | |
| EMPATHY: Sensitivity to the needs of others, consideration, tactfulness, respect toward individuals who may be ill, disabled or elderly | | | | | | |
| EMOTIONAL STABILITY: Performance under pressure, mood stability, constancy in ability to relate to others | | | | | | |
| ANALYTICAL SKILLS: Ability to problem solve, correlate and process information, and to think critically | | | | | | |
| JUDGMENT: Ability to evaluate a problem involving people, common sense and decisiveness | | | | | | |
| RESOURCEFULNESS: Ability to discover new resources and to manage new and already present resources skillfully | | | | | | |
| RELIABILITY: Dependability, sense of responsibility, promptness, conscientiousness | | | | | | |
| LEADERSHIP: Ability to initiate action, lead and/or supervise others | | | | | | |
| COMMUNICATION SKILLS (I): Verbal skills, clarity of expression, articulateness | | | | | | |
| COMMUNICATION SKILLS (II): Clarity and conciseness of written expression | | | | | | |
| PERSEVERANCE: Stamina, endurance | | | | | | |
| INTEGRITY: Honesty, trustworthiness, uprightness, probity | | | | | | |
| CREATIVITY: Ability to generate new and novel ideas, or approaches to problems | | | | | | |
| MOTIVATION (II): This student is interested in: <i>(circle all that apply)</i> | Nursing | Medicine | Medical Research | Other: _____ | Health Professions in General | |
| OVERALL RECOMMENDATION: | <input type="checkbox"/> This applicant receives my highest recommendation without reservation | | <input type="checkbox"/> I recommend this applicant with confidence | | <input type="checkbox"/> I recommend this applicant with reservations | |
| <input type="checkbox"/> I do not recommend this applicant for admission | | | | | | |

STUDENT'S STRENGTHS AS YOU SEE THEM: _____

STUDENT'S WEAKNESSES AS YOU SEE THEM (“none apparent” is an acceptable answer):

IF ACCEPTED INTO DELLA KEATS, the student may live and/or travel away from home with other participants. Please discuss whether you feel this student is capable of handling this level of responsibility in the areas of personal conduct, time management and self-discipline.

SUMMARY EVALUATION: (Please provide your overall impression of student and describe, according to factors of which you are aware, how this student meets the eligibility criterion of being disadvantaged.)

Evaluator's Name

Signature

Date

Position/Department

Address

()

Phone Number

City State Zip Code

Please mail completed recommendation form to:

University of Alaska Anchorage
WWAMI School of Medical Education
ATTN: Della Keats Programs
3211 Providence Drive, HSB 301
Anchorage, AK 99508

- OR - Place completed form in envelope, sign across the glue seal and give to the student to include with their application packet.

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| CHARACTERISTICS | Out-standing | Very Good | Good | Fair | Poor | Unable to Judge |
|--|--|-----------|---|--------------|---|-----------------|
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| MOTIVATION (I): Genuineness and depth of commitment to the health care profession | | | | | | |
| MATURITY: Personal development, ability to cope with life situations | | | | | | |
| INTERPERSONAL RELATIONS: Ability to get along with others, rapport, cooperation, attitude toward supervision | | | | | | |
| EMPATHY: Sensitivity to the needs of others, consideration, tactfulness, respect toward individuals who may be ill, disabled or elderly | | | | | | |
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| RESOURCEFULNESS: Ability to discover new resources and to manage new and already present resources skillfully | | | | | | |
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| MOTIVATION (II): This student is interested in: <i>(circle all that apply)</i> | Nursing | Medicine | Medical Research | Other: _____ | Health Professions in General | |
| OVERALL RECOMMENDATION: | <input type="checkbox"/> This applicant receives my highest recommendation without reservation | | <input type="checkbox"/> I recommend this applicant with confidence | | <input type="checkbox"/> I recommend this applicant with reservations | |
| <input type="checkbox"/> I do not recommend this applicant for admission | | | | | | |

STUDENT'S STRENGTHS AS YOU SEE THEM: _____

STUDENT’S WEAKNESSES AS YOU SEE THEM (“none apparent” is an acceptable answer):

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SUMMARY EVALUATION: (Please provide your overall impression of student and describe, according to factors of which you are aware, how this student meets the eligibility criterion of being disadvantaged.)

Evaluator’s Name

Signature

Date

Position/Department

Address

()

Phone Number

City

State

Zip Code

Please mail completed recommendation form to:

University of Alaska Anchorage
WWAMI School of Medical Education
ATTN: Della Keats Programs
3211 Providence Drive, HSB 301
Anchorage, AK 99508

- OR - Place completed form in envelope, sign across the seal and give to student for inclusion with their application packet.

What You Must Know About Immunization

This Immunization Requirement Does Not Apply to Students Applying to Summer Research & ANCAP

A key experience of the Della Keats Health Sciences Program is job shadowing. Shadowing, allows students to view health care careers up close and ask questions about the profession. Our main job shadows partner is Providence Alaska Medical Center. They and other health professionals require that Della Keats students be completely immunized prior to shadowing at their facilities. Immunization protects both the people in the health facilities as well as the student.

THIS IS IMPORTANT and YOU WILL BE HELD RESPONSIBLE FOR THIS INFORMATION

MAY 9 is the date by which students must show proof of having had the required immunizations or TB chest X-Ray with results. If you cannot or do not have your immunizations completed before this deadline and show the required immunizations on an immunization record, you will be dropped from the program and an alternative will be selected to replace you.

There is no exception to this rule!

The immunizations that have proven to be the most problematic are TB and Varicella/chicken pox.

- Two (2) TB/PPD tests, with negative results from within the immediate 12 months, are required. TB test dates must be between July 10, 2013 and July 9, 2014. If you need two TB/PPD tests, arrange to have them administered one week apart. Each TB/PPD test consists of the health practitioner pricking the skin. Two to three days later the practitioner looks at the area that was pricked to see if there is a skin reaction and, if so, how large it is. Based on size and color of the reaction, a chest x-ray may be required. Chest x-rays may take time to arrange and get back the results. This must be completed before **MAY 9**.
- Please be aware there are countries that immunize for TB, e.g., Russia, South Korea, and Senegal. If your child has had a TB immunization, they should **NOT** take a TB/PPD test. Instead, they are required to have a chest x-ray to determine whether they have active TB. Arranging chest x-rays and getting back the results take time. The chest x-ray and its results must be completed before **MAY 9**.
- Two (2) Varicella/chicken pox immunizations are required for full protection. The second shot is taken 30 days after the first. If you are getting the immunizations, please, be aware of the 30 day interval between the first and second immunization.
 - If your child has already had both shots, but is unable to show proof, they must obtain a titer to prove immunity. A titer is a blood draw where the blood sample is analyzed for immunity to a particular disease or diseases. Getting back results from a titer can take time. All shots and/or titers and their results must be completed before **MAY 9**.

Please have the care giver fill-out the immunization form below.



Immunization Documentation

Name: _____ Date: _____

School: _____

Date

_____ MMR (Measles, Mumps, Rubella) Vaccination (1st)
MMR (Measles, Mumps, Rubella) Vaccination (2nd)
OR
Titer Showing Immunity

AND

_____ Chicken Pox (Varicella) Vaccination (1st)
Chicken Pox (Varicella) Vaccination (2nd)
OR
Titer Showing Immunity

AND

_____ Non-reactive TB test (0 mm PPD) within past 12 months

_____ Non-reactive TB test (0 mm PPD) within past 12 months
OR
_____ if positive PPD, medical clearance within past 12 months

Printed Name & Signature of School Nurse or Health Care Provider