

# Champlain Valley Area Health Education Center Focus On Health Careers Conference



**Saturday, March 24, 2012**  
**University of Vermont College of Medicine**  
**Medical Education Center**  
**8:30 am – 4:30 pm**

## STUDENT APPLICATION FORM

### INSTRUCTIONS

1. Applications are **due by February 10, 2012** to:  
  
 Champlain Valley AHEC  
 Attn: Focus Conference  
 92 Fairfield Street  
 St. Albans, VT 05478
2. Print **clearly** or type your answers. Additional sheets of paper may be used.
3. Complete all sections of the application. Students and parents must sign page 2.
4. Ask a school professional who knows you well to complete the attached recommendation form and send it in by the deadline.
5. Indicate on page 2 if a scholarship is needed to assist with the cost of the program.

Incomplete applications will not be accepted!

#### Questions:

Contact Champlain Valley AHEC at (802) 527-1474 or go to [www.cvahec.org](http://www.cvahec.org)

Student Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street, City, State, Zip

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Female \_\_\_ Male \_\_\_ Graduation Year 20\_\_\_

School Name \_\_\_\_\_ Current Grade 9\_\_ 10\_\_ 11\_\_ 12\_\_

Email \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Evening \_\_\_\_\_

Parent or Guardian Name (s) \_\_\_\_\_

Parent's Phone (Day) \_\_\_\_\_ Evening \_\_\_\_\_

Guidance Counselor's Name \_\_\_\_\_

Are you a VSAC Outreach Participant? \_\_\_ VSAC Counselor's Name \_\_\_\_\_

Are you a 1<sup>st</sup> Generation college student (neither parent attended college)? Yes\_\_\_ No\_\_\_

Do you qualify for the Free/Reduced Lunch Program? Yes \_\_\_ No \_\_\_

Have you attended or applied for a *Shadow Day*, *MedQuest* or *Focus* program in the past? Yes \_\_\_ No \_\_\_ If yes, when or which one? \_\_\_\_\_

Please check off the boxes that best describe your ethnic background: (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Black or African American                           |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White <input type="checkbox"/> Unknown              |
| <input type="checkbox"/> Hispanic or Latino                  | <input type="checkbox"/> Asian – Chinese/Japanese/Filipino/Thai/Asian Indian |
| <input type="checkbox"/> Asian – other ethnicity/nationality |  |

Did any of your parent(s)/guardian(s) not complete high school? Yes \_\_\_ No \_\_\_

Do you currently have an Individualized Education Plan (IEP) or a 504 Plan at your school? Yes \_\_\_ No \_\_\_ If yes, please specify your needs. \_\_\_\_\_

Do you require any audio/visual/physical accommodations? Yes \_\_\_ No \_\_\_ If so, what? \_\_\_\_\_

**1. Why are you interested in a health care career?**

2. What health careers interest you and why?

3. What health career exploration goals do you hope to meet by attending the *Focus Conference*? (In 35-50 words)

4. There will be two morning career workshops for you to attend. Which career exploration workshops are you most interested in? Rank all the workshops 1 (most interest) to 5 (least interest).

**Obesity Prevention & Healthy Lifestyles**

Obesity is one of the biggest health concerns for children in the U.S. Professionals will discuss their work with the population and their fight against obesity.

**Caring Across Cultures**

There are a multitude of cultures in Vermont and in the U.S. Learn about the challenges and rewards for Vermont healthcare professionals when caring for people of other cultures.

**Cutting-Edge Technology & Medicine**

Technology in healthcare is always evolving. Learn about some of the latest technologies being used here in Vermont.

**Infectious Diseases & Public Health Crises**

Learn about the control of infectious diseases from healthcare professionals working on these public health issues in VT.

**Community Health, Mental Health**

Learn how pharmacists and mental health professionals interact with their community.

5. Participation Details

- If you are accepted to the conference, you will receive a packet of materials to read before you arrive at the conference. Are you willing to spend up to two hours to complete readings before the conference?  
Yes \_\_\_ No \_\_\_

- I have special dietary needs: Yes \_\_\_ No \_\_\_ *If yes, please describe* \_\_\_\_\_

- I need scholarship assistance to help pay the \$40 conference fee: Yes \_\_\_ No \_\_\_

*A limited number of partial scholarships will be awarded to participants with financial need.*

- Because Champlain Valley AHEC programs are funded by a national grant, we are required to track the success of our students. In order to do this, we use a national data program called Student Clearinghouse, which requires a social security number. By giving us your social security number (9 digit), you are agreeing to allow us to use education-related data for grant reporting purposes only. Social security #: \_\_\_ - \_\_\_ - \_\_\_\_

6. Signatures

**Student** I certify that the information given in this application is true and correct. I have given the reference form to a school professional to complete. If I am accepted to attend the conference, I agree to a) promptly return the attendance confirmation form, b) pay the non-refundable conference fee of \$40 (or less, if assistance is needed and a partial scholarship is provided), and c) complete assigned readings prior to the conference. I also agree to observe health and safety rules, participate in discussions and activities, and listen to and encourage other student participants.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian** I give my son/daughter/ward permission to apply for admission to the *Focus on Health Careers Conference*. I give Champlain Valley AHEC and my child's reference permission to discuss my son/daughter/ward's readiness to participate in this conference. If my son/daughter/ward is accepted to attend the conference, I will a) help fill out and return the attendance confirmation form, b) pay the non-refundable conference fee of \$40 (due with attendance confirmation, minus any scholarship funds that may be awarded to students in need), and c) provide transportation to and from the conference at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Champlain Valley Area Health Education Center**  
**Focus On Health Careers Conference**

RECOMMENDATION FORM

Dear School Professional,

This student is applying to participate in Champlain Valley Area Health Education Center's *Focus on Health Careers Conference*. This conference is a day-long health career awareness, exploration, and planning event being held at the UVM College of Medicine on Saturday, March 24, 2012. (For more information about Champlain Valley AHEC's programs, please visit our website at [www.cvahec.org](http://www.cvahec.org)). Your assessment of this student will help us evaluate if this student is eligible to participate in the conference.

Student Name (Please Print): \_\_\_\_\_ High School: \_\_\_\_\_

Your Name & Relationship to the Student: \_\_\_\_\_

**What do you hope this student will gain** from attending the *Focus on Health Careers Conference*?

If selected to participate in this conference, the student will be in a higher education setting. They will attend large lectures, and small-to-medium-size discussion groups that emphasize respectful interaction. **Do you believe this student can participate respectfully and effectively?**

Student's strengths as you see them:

Student's challenges/weaknesses as you see them:

Please share any information that would help us to better consider and potentially serve this student:

Please check all that apply to this student:

- |  |  |
|--|--|
| <input type="checkbox"/> Communicates respectfully (listening and sharing) | <input type="checkbox"/> Is a follower and works hard to complete tasks                          |
| <input type="checkbox"/> Effective communicator (oral and written)         | <input type="checkbox"/> Is able to identify and make good choices                               |
| <input type="checkbox"/> Could be called "shy" or "quiet"                  | <input type="checkbox"/> Is able to sit through presentations that may or may not be of interest |
| <input type="checkbox"/> Interacts well with peers                         | <input type="checkbox"/> Upbeat, positive attitude   |
| <input type="checkbox"/> Rarely interacts outside one peer group           | <input type="checkbox"/> Is struggling with some difficulties in life right now                  |
| <input type="checkbox"/> Is self-motivated                                 | <input type="checkbox"/> Is a responsible, considerate, mature young person                      |
| <input type="checkbox"/> Is open-minded and excited about learning         |  |
| <input type="checkbox"/> Is a leader                                       |  |

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you for follow-up questions? Yes \_\_\_ No \_\_\_ Best way to contact you: \_\_\_\_\_

**Please return by February 10** to Champlain Valley AHEC, 92 Fairfield St., St. Albans, VT 05478  
**Or Fax to Champlain Valley AHEC at (802) 527-1632. Questions: Call (802) 527-1474**