



**Champlaine Valley Area Health Education Center
Health Careers Exploration**

2012 MedQuest Program

For Vermont's Addison, Chittenden, Franklin, and Grand Isle County Students

2012 MEDQUEST INFORMATION SHEET

MEDQUEST is a rigorously structured, educational, week-long, and residential program that is held on the University of Vermont (UVM) campus, providing students with the opportunity to explore a variety of careers in health care while gaining comfort in a college environment. Students will receive confidentiality and infection control training. Through interactive presentations and a job shadowing experience at each of the three local hospitals or within the communities, students strengthen their leadership skills, learn about community and continuing education resources, and develop a clearer understanding of the health care field and how they can enter into such a career.

ELIGIBILITY

Must be a Vermont high school student in Addison, Chittenden, Franklin, or Grand Isle County who:

- Is currently in 10th or 11th grade
- Is available to attend the entire week-long program
- Enjoys problem-solving, new technology, and relating to people
- Is concerned about today's health issues
- Is interested in exploring the diversity of health care careers
- Is considering a career in the health field

MEDQUEST PROGRAMS (Held on the UVM campus):

- June 24 – June 29, 2012
- July 8 -13, 2012

COST

- \$500
 - Some scholarship money may be available.
 - Meals, snacks and housing are included.
 - Student must arrange for their own transportation to and from the residence. (No cars can remain on campus during the session.)

ADMISSION TO THE PROGRAM

For admission to *MedQuest*, students must submit an application and two recommendation forms completed by a professional (one from the student's school) by February 10, 2012. **Applications received after February 10 will not be considered.** Program staff at Champlaine Valley AHEC will review the applications and choose the students best suited for the program.

SPONSORING ORGANIZATIONS

Champlaine Valley AHEC in partnership with Fletcher Allen Health Care, the Freeman Medical Scholars Program, the Health Resources and Services Administration (HRSA), Northwestern Medical Center, Porter Medical Center, the University of Vermont (UVM), The UVM Office of Primary Care and AHEC Program, the Vermont Department of Health, and the Vermont Student Assistance Corporation.



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2012 MEDQUEST APPLICATION INSTRUCTIONS

Follow the steps below to complete the application process:

1. REVIEW PROGRAM INFORMATION.

Make sure you are aware of the program dates and are able to attend the **entire** program prior to applying. Also make sure you are aware that this is a residential program designed to expose students to various health careers and topics. If there are any questions, contact Jocie Mueller, Champlain Valley AHEC Program Coordinator, at (802) 527-1474, x214 or by email at jmueller@cvahec.org,

2. THE APPLICATION.

The application must be printed in blue or black ink or typed. Only completed applications received by the deadline will be considered. A complete application consists of all questions answered, the short essay (personal statement), a parent/guardian and your signature on the last page, and two letters of recommendation. Answers will not only be used to help select participants, but also in creating the MedQuest Program so that it is informative and interesting to the participants. It is important to read the questions and answer them thoughtfully and completely. Additional paper can be used if needed.

You may alternately complete the application online. Visit our website at www.cvahec.org/medquest.htm for information on how to apply electronically.

3. RECOMMENDATION FORMS (2).

A recommendation form must be completed by two people that know you well. At least one must come from a teacher, school official, school counselor, or other professional from within your school (NOT a family member). These professionals should mail the completed recommendation forms to Champlain Valley AHEC by February 10, 2012.

4. SCHOLARSHIPS.

If financial assistance is needed a parent/guardian should send a letter requesting a scholarship and explaining the family's financial need to Champlain Valley AHEC, with the application. If there are any questions about scholarships, contact Jocie Mueller, Program Coordinator. (Requests for scholarships will not affect your acceptance to the program.)

5. MAIL YOUR COMPLETED APPLICATION TO:

Champlain Valley AHEC
Attn: MedQuest Program
92 Fairfield St
St. Albans, VT 05478

Complete applications and the recommendation forms **must be received by February 10, 2012** to be considered.
Late applications will not be accepted.

CHECKLIST FOR APPLICATION COMPLETION:

- Completed application (printed in blue/black ink or typed)
- Two signatures (a Parent/Guardian & yours) and date
- Two completed recommendation forms (can be mailed separately by the professionals)



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2012 MedQuest Application

(Application Deadline-February 10, 2012)

Please print your answers in ink (blue/black) or type. Use additional paper, if needed.

There are two MedQuest sessions available. Please rate your first (1) and second (2) choice below.
(We try to accommodate requests as best we can; however, there is no guarantee.)

___ June 24 – June 29, 2012, held on the UVM campus

___ July 8 – 13, 2012, held on the UVM campus

First & Last Name _____ Female ___ Male ___

Address _____ City _____ State ___ Zip Code _____

County (Circle One) Addison Chittenden Franklin Grand Isle Date of Birth _____ Age _____

Day Phone Number _____ Evening Phone _____ Other: _____

E-mail _____ Confirm E-mail _____

School Name _____ Current grade 10 ___ 11 ___ Graduation year 20 _____

Guidance Counselor _____ Parent/Guardian Name(s) _____

Are you a VSAC Outreach Program Participant? Yes ___ No ___ VSAC Counselor's Name _____

Do you qualify for Free/Reduced Lunch? Yes ___ No ___

Will you be a 1st generation college student (neither of your parents attended college)? Yes ___ No ___

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 or Asian Indian | <input type="checkbox"/> Asian – other ethnicity/nationality | |

Did any of your parent(s)/guardian(s) not complete high school? Yes ___ No ___ If yes, please specify: _____

Do you require any physical or audio-visual accommodations? Yes ___ No ___ If yes, please specify: _____



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Do you currently have an Individualized Education Plan (IEP) or a 504 Plan at your school? Yes ___ No ___ If yes, please specify: _____

Mother's/Guardian's Employer & Job Title _____

Father's/Guardian's Employer & Job Title _____

Have you attended a Focus on Health Careers Conference, Shadow Day or MedQuest Program in the past? If yes, which one and when? _____

Have you applied to the Focus on Health Careers Conference, Shadow Day, or MedQuest and not been accepted? If yes, which one and when? _____

How did you first learn about the MedQuest program?

- a teacher
- a parent/guardian
- a school counselor
- a friend
- someone who previously attended one of our programs
- exploring the Champlain Valley AHEC website (www.cvahec.org)
- previously participating in another Champlain Valley AHEC program
- an in-class Health Careers presentation
- MedQuest flyer or brochure
- other: _____

Who or what influenced you the most to apply?

- a teacher
- a school counselor
- a parent/guardian
- a friend
- someone who previously attended one of our programs
- exploring the Champlain Valley AHEC website (www.cvahec.org)
- previously participating in another Champlain Valley AHEC program
- an in-class Health Careers presentation
- MedQuest flyer or brochure
- other: _____



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- b.
- c.
- 3.
 - a.
 - b.
 - c.
- 5) What is your GPA or average in school? Is your GPA or average a reflection of your desire to learn?

- 6) What are your thoughts about your future education plans or career goals? What types of information do you need most regarding future college or career decisions?

- 7) What do you do outside of school? (Extra-curricular activities, personal interests, jobs, family responsibilities, etc.)



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PERSONAL STATEMENT

This part of the application helps us get to know you in a different way from your previous responses, so it is important that you take your time and make your response personal. We are looking for an essay that will help us get to know you better as a person and as a student. We encourage you to relate your answers to your dreams, goals, values and personal viewpoints. It should show your ability to organize thoughts and express yourself. Please write an essay (250–500 words) on a topic from the options listed below. It is important that you write in complete sentences and that you check your spelling. It must be written clearly in ink or typed to be accepted. You may use additional sheets (same size, please) as necessary. Also, please indicate your topic by checking the appropriate box below.

- Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
 - Discuss some issue of personal, local, national, or international concern and its importance to you.
 - Indicate a person who has had a significant influence on you, and describe that influence.
 - Describe a character in fiction, an historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
-



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TO BE COMPLETED BY APPLICANT:

Who are the professionals completing the letters of recommendation for you?

1.

2.

Did you complete this application on your own? Yes ___ No ___ If not, who helped you and why?

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 number: ___ - ___ - ____

Have you or will you be participating in the National Youth Leadership Forum on Medicine?

Yes ___ No ___ If yes, when _____

During the MedQuest Program you will need to wear scrubs, which will be provided for you. They are unisex and come in XS, S, M, L, XL, XXL, XXXL. Which size would you need? _____

I, _____ certify that the information given in this application is true and correct. I

(Print Name)

have printed or typed the application and I've proofread for accuracy and completeness. I realize that applications are accepted only when complete (short answers, essay, and two letters of recommendation) and sent in by the deadline.

Signature: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN OF APPLICANT:

I, _____ have read the information about the MedQuest Program that my

(Print Name)

child is applying for and I do give permission for _____ to

(Print Child's Name)

participate, if selected. I understand that it is my child's responsibility to get transportation to and from the event. I understand that this program is from Sunday to Friday and I confirm that my child will be available to participate in the entire program.

Signature: _____ Date: _____

(Parent/Guardian Signature)

*If you'd like to request a scholarship, please include a letter with this application explaining your family's financial need. Scholarships will be dispersed amongst the students accepted in to the program. Contact Jocie Mueller, Program Coordinator, with any questions (802) 527-1474x214.



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**RECOMMENDATION FORM (2 pages)
Please Print or Type**

Professional: Please return this form to Champlain Valley AHEC, 92 Fairfield Street, St. Albans, VT 05478 by **February 10, 2012**. You may also fax it to (802) 527-1632.

This student is applying to participate in Champlain Valley AHEC's Health Careers Exploration MedQuest Program (for more information about Champlain Valley AHEC's programs, please visit our website at www.cvahec.org). Your assessment of this student is very important to us as it will help us evaluate if this student is suitable for the MedQuest program.

Student's Name: _____ High School: _____

Your Name & Relationship w/student: _____

Please check **ALL** that apply to this student:

His/Her Social Skills:

- Interacts and communicates with adults in a respectful manner
- Is "shy" or "quiet", but does communicate well with others
- Has difficulty communicating in new settings/environments
- Has many friends with different interests and/or interacts well with peers
- Interacts with one group of peers and rarely interacts outside that group

His/Her Motivation:

- Is self-motivated and engaging
- Is open-minded and gets excited about learning new things
- Is only interested in learning about specific topics, has his/her own agenda
- Works hard

His/Her Personality & Skills:

- Is a leader
- Is a follower, but one that works hard to complete the task at hand
- Is able to identify and make good choices (in and outside of school)
- Good communicator (orally and written)
- Able to sit through presentations that may or may not be of interest
- Upbeat, positive attitude
- Is struggling with some difficulties in life right now
- Is a responsible, considerate, mature young adult

Has this student had opportunities to explore health care careers, post secondary schools or other aspects related to his/her future?



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RECOMMENDATION FORM (continued)

Do you feel this student has the maturity and skills to interact appropriately and professionally in a health care setting, with patients and professionals? Please explain:

Student's strengths as you see them:

Student's challenges as you see them:

Please state your overall impression of this student and/or additional comments (Do you have any concerns about this student?):

Reference's Signature: _____ Date: _____

May we contact you for follow-up questions? Yes ____ No ____

Best way to contact you: _____

(Please Print)

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Thank you!



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