MedStart Program Application

MedStart Summer Program Description

Who: MedStart Summer Camp is a program funded by the Montana AHEC (Area Health Education Center) system and MHA – An Association of Healthcare Providers. 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.

What: MedStart is an AHEC-MHA funded program designed to encourage current sophomore and junior 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 the MedStart summer program 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.

Students must be current sophomores or juniors from a Montana high school to apply. Homeschooled or GED students are eligible as well. Students may be no older than 18. Students may only attend MedStart once. Applications must be postmarked by March 21, 2014 to be considered. Cost to attend MedStart is $500/student. Attendance fee is due upon acceptance. Student scholarships are available; additionally, 25 GEAR UP students are automatically eligible for scholarships. A total of 138 students will be selected statewide. Notification of acceptance and scholarship recipients will be announced April, 2014.

Please direct questions to and mail application and registration fee to:
2014 MedStart
c/o MHA- An Association of Healthcare Providers
1720 Ninth Avenue • Helena • MT 59601
Phone: 406-442-1911
Fax: 406-443-3894
megan@mtha.org

A complete application consists of the following:

1. Application Form (attached)
2. Health Information Form / Declaration of Insurance (attached)
3. Copy of Insurance Card
4. Liability Release Statement / Media Release/Parent Permission (attached)
5. Two Recommendation Forms from 2 separate evaluators - include in a sealed envelope from the evaluator(attached)
6. High School Transcript (unofficial copy is acceptable)
7. $45 application fee due with application— checks made payable to “MHREF” (This fee is for processing of applications and will hold your place at MedStart if selected. If you are not selected to attend camp, this check will be returned to you.
8. Scholarship application form, if applicable (attached)
**PERSONAL INFORMATION**  **Attach additional pages as needed, include your name on each page**

___ Check here if you are a student from a GEAR-UP high school (St. Regis, St. Ignatius, Arlee, Browning, Heart Butte, Lincoln, Box Elder, Rocky Boy, Harlem, Hardin, Pryor, Lame Deer, Lodge Grass, Wolf Point) designated to participate in 2014.

1A. Have you applied to MedStart before, Yes or No? (circle one) Have you attended MedStart, Yes or No?

1. Last name:_________________________________First:__________________________________________M. initial:____

2. Mailing address:________________________________________________________________________
   Town State Zip code

3. Phone:________________________Student E-mail: ___________________________Parent Email: ___________________________
Please provide valid, legible, email addresses 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? (circle one) Not at all Somewhat Very

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

14. Please list community service and/or volunteer activities you have 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.
2014 MedStart

STUDENT BACKGROUND
Please note: Montana AHECs & MHA do not discriminate based on information provided. However, preference, for scholarships, 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 participants receive room & board, transportation to events, scrubs, and student materials. MedStart 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)

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

Parent or Guardian #1

Name:_____________________________________

Occupation:_______________________________

Previous Healthcare Employment: Yes /No

Education: _________________________________
(Highest level completed)

Parent or Guardian #2

Name:_____________________________________

Occupation:_______________________________

Previous Healthcare Employment: Yes /No

Education: _________________________________
(Highest level completed)

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

☐ School (counselor, teacher, etc.)
☐ Online (where?):___________________________
☐ AHEC/MHA Staff
☐ Hospital: _________________________________
☐ Flyer/Poster
☐ Other: ___________________________________

24. Four MedStart programs will be offered in the summer of 2014. Based on your availability, interest, and preference, please rank the following four camp locations, with #1 being your first choice, #2 your second choice, #3 your third choice, and #4 your fourth choice. 138 students will be selected state-wide.

_____ Great Falls: University of Great Falls/Great Falls College, June 15-20, 2014

_____ Missoula: University of Montana, June 21-27, 2014

_____ Billings: Montana State University – Billings, July 13-18

_____ Bozeman: Montana State University, August 3-8
ESSAY QUESTIONS - PLEASE PROVIDE DETAILED ANSWERS. If needed, feel free to use additional sheets of paper.

A. What interests you about the healthcare field?

B. Why is attending MedStart important to you?

C. Describe any personal experiences you’ve had with the healthcare field.

D. How do you feel MedStart will contribute to your career plans?
E. What difficulties have you encountered in learning about health professions and what have you done to overcome them?

F. Do you believe there are healthcare careers of interest available in your community? If so, would you consider pursuing a healthcare career in your home town/region?

G. For a parent or guardian to answer: How would your child benefit from participation in MedStart?
2014 MedStart

HEALTH INFORMATION FORM

Any current health problems/injuries?___________________________________________

Any recreation restrictions?____________________________________________________

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

Allergic reaction to Latex?________________________________________________________________

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 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 21, 2014. Students without insurance will not be allowed to participate in MedStart. 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 MedStart.

Student Initial: _______ Parent Initial_______
LIABILITY RELEASE STATEMENT
IN CONSIDERATION of participation in MedStart, 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, MHA, and its successors and assigns, the MedStart 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 MedStart, 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 MedStart. The UNDERSIGNED hereby state that no claim for negligence will be pursued against MedStart or the applicable university system in connection with any injury arising out of such participation in MedStart.

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 MedStart 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 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 _______

MEDIA RELEASE
During 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/MHA 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 2014 MedStart. 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 staff 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: __________________________
2014 MedStart

Coordinated by Montana AHECs and MHA

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 program. Four programs will be hosted in summer, 2014: Bozeman, Billings, Great Falls, and Missoula. The program is open to current sophomores and juniors (who will be juniors and seniors in the fall of 2014). One hundred and thirty-eight students will be accepted state wide. Students may qualify for scholarships; 25 GEAR UP students will qualify for scholarships. 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

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

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*scholarship application (one page) is attached to MedStart application*
STUDENT’S STRENGTHS AS YOU SEE THEM:

STUDENT’S WEAKNESSES AS YOU SEE THEM:

WHY WOULD THIS STUDENT BENEFIT FROM A SUMMER PROGRAM LIKE MED START?

SUMMARY EVALUATION (overall impression of student and comments which may be pertinent but were not covered by previous categories): Please use this sheet or attach a separate letter. Please fill out the bottom of this page in any case.

______________________________________________________________________________________________
Evaluator’s Signature, Date

______________________________________________________________________________________________
School (or other organization) Department/Position

______________________________________________________________________________________________
Telephone & Address E-mail

Please return this evaluation in a sealed envelope to the student. **Do Not Mail Separately** The student will mail this, along with other application materials, to the MHA office. If you have questions, please contact Megan Bones, MedStart Coordinator, 406-457-8023, megan@mtha.org.

Your time is much appreciated! Thank you!

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2014 MedStart

MEDSTART SCHOLARSHIP APPLICATION

The Montana AHEC & MHA-An Association of Health Care Providers MedStart Scholarship is open to current Montana high school students, completing their sophomore or junior year, who qualify for the fee waiver. Up to 50* of the 138 students who attend MedStart 2014 may receive full MedStart Scholarships. Additionally, up to 25 students will attend on GEAR UP scholarship.

Selection will be based on:

1. The MedStart application
2. Meeting most/all of qualification criteria (below)
3. Additional Information provided by the student (below)

NAME: ________________________________ SCHOOL: ________________________________

Criteria

PLEASE CHECK THOSE THAT APPLY TO YOUR CURRENT STATUS:

☐ I am NOT a student in a designated Montana GEAR UP high school
☐ I can provide evidence of financial need as measured by a federally approved system
☐ I live in a designated rural Montana county (Missoula and Flathead do not qualify as such)
☐ I am first-generation college (neither parent has earned degree beyond high school)
☐ I am a member of an under represented Montana ethnic/racial minority
☐ I maintain satisfactory academic standing in my high school

Additional Information

What information, not addressed in the MedStart Application, do you wish to share with the MedStart scholarship review committee? Feel free to use back of page as well.

I have read and understand the conditions of the MedStart Scholarship as explained above. I affirm that I hope to pursue a career in health science/healthcare. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. If selected, I agree to attend MedStart 2014 at the regional site to which I am assigned. I affirm that all of this application is my own work. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: ________________________________ Date: ________________________________

*dependent upon available funding