



Future Health Scientists Partnership Program

2018 Program Application

Office of Community Partnerships and Health Policy
University of Oklahoma Health Sciences Center
801 NE 13th Street, Room 21
Oklahoma City, OK 73104
(405) 271-2390

Email: CommunityPartnerships&HealthPolicy@ouhsc.edu

Website: www.ouhsc.edu/communitypartnership/

FHSPP Application Instructions

The Future Health Scientists Partnership Program (FHSP) is a program sponsored by the University of Oklahoma Health Sciences Center. The Oklahoma City based program selects fifty 5th graders each year to participate in activities during the school year as well as the summer. Participation in the program is intended to continue through high school and enrollment in a college or university. **There is no financial cost to participate in the program.**

FHSP is committed to preparing young students to ultimately enter into health science professions such as medical doctors, nurses, pharmacists, dentists, epidemiologists, physical therapists, radiographers, speech pathologists, research scientists and countless other related professions. Beginning in 5th grade and continuing through enrollment in a college or university, the program provides academic support and college/career awareness and enrichment for students. The program also works with parents to help them become more informed educational advocates for their children.

During the school year, monthly activities that focus on science, math and language arts are provided – all in a fun environment. Students are also exposed to activities that enhance their awareness of the various health sciences career fields.

An additional aspect of the program is a summer class that focuses on in-depth activities in science, math and language arts. During the summer the students also participate in field trips and career awareness activities that enhance the learning experience. Other than scheduled field trips, all activities occur on the University of Oklahoma Health Sciences Center campus.

If you are interested in your child participating in the program, you and your child should complete the application and **return it along with the requested report card and two recommendation letters to:** The Office of Community Partnerships & Health Policy, 801 NE 13th Street, CHB 21, Oklahoma City, OK 73104. Or, for your convenience, the completed application packet can be returned by email to: CommunityPartnerships&HealthPolicy@ouhsc.edu. ***Applications and supporting documentation are due in our office no later than October 27, 2017.***

The application and your child's academic record will be reviewed to determine admission into the program. ***Acceptance in the program is not just based upon the highest grades or test scores.*** We are interested in students who have the ability and interest to eventually enter into health science professions. If your child is accepted in the program, you will receive a letter from us by the end of November. An orientation meeting for accepted applicants and their parents will be scheduled in December, 2017 for the 2018 5th grade class.

If you have questions or need additional information, please contact us at (405) 271-2390. Thank you for your interest and we hope to see you and your child in the Future Health Scientists Partnership Program!

Sincerely,

Brian Corpening
Assistant Provost, Diversity and Community Partnerships

**FUTURE HEALTH SCIENTISTS PARTNERSHIP PROGRAM
2018 APPLICATION (Application deadline-October 27, 2017)**

The following information is necessary and will be treated in a confidential manner. All applicants are considered without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. The information you are asked to provide below is for statistical data purposes only and will be kept confidential. The student applicant and his or her parent(s) or guardian(s) ***must complete all sections and attach the most recent report card and two recommendations from teacher, principal, or counselor.***

Student's Last Name _____ First _____ Middle _____

Address _____
Number and Street Apt# City & State Zip Code

Home Phone Number _____ Student Email Address _____

Student's Date of Birth ___/___/___ Age _____ T-Shirt Size ___ Gender: Female ___ Male ___

*Race or Ethnic Group (check one): Black ___ Asian or Pacific Islander ___ Hispanic ___
American Indian or Alaskan Native ___ White ___

Are you a U.S. citizen? ___Yes ___No If not, of which country are you a citizen? _____
Type of Visa _____ Visa Number _____

What is the primary language spoken in your home? ___English ___Spanish ___Other

If "other", please specify: _____ Social Security Number: _____

*Is your child eligible for free or reduced lunch at school? ___Yes ___No

School Attending _____ Grade _____ School District _____

Principal _____ Class/Home Room Teacher (if known) _____

Please attach student's last report card and two recommendations with application.

***Your cooperation in providing this information is voluntary.**

Please note: Applications are due on or before **October 27, 2017 at 5:00 p.m. Late or incomplete applications will not receive full consideration.**

NOTE: Parent participation is an important component of the Future Health Scientists Partnership Program. Parents/guardians of students accepted into the program are **required to participate in planned parent activities** on the OUHSC campus.

A **parent or guardian** must complete sections below:

Student applicant lives with: Both parents _____ Guardian _____
Mother only _____ Father only _____ Other (please specify) _____

Name of **Mother** (or Guardian) _____
Last First MI

Address (if different from student's) _____

Occupation _____ Place of Employment _____

Phone (home) _____ (cell) _____ (work) _____

Email _____

Education: Less than High School ___ High School Graduate ___ College Graduate _____

Name of **Father** (or Guardian) _____
Last First MI

Address (if different from student's) _____

Occupation _____ Place of Employment _____

Phone (home) _____ (cell) _____ (work) _____

Email _____

Education: Less than High School ___ High School Graduate ___ College Graduate _____

Names and addresses of (2) persons other than parent(s) or guardian(s) to be contacted in case of an emergency: Name _____ Relationship _____

Address _____

Phone (home) _____ (cell) _____ (work) _____

Name _____ Relationship _____

Address _____

Phone (home) _____ (cell) _____ (work) _____

Medical History

Does your child have any dietary restrictions (i.e., vegetarian)? ___Yes ___No

Does your child have any allergies (food, latex, etc.)? Yes___ No___

If "yes", please specify: _____

Does your child have any physical handicaps and/or medical restrictions? Yes___ No___

If yes, what type of handicap or restriction? _____

Does your child have any medical or behavioral conditions for which he or she takes medication? ___Yes ___No If yes, please list the condition and the medication prescribed:

Condition _____ Medication _____ Dosage _____

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The **student** must complete section below:

Describe your interest in math and science: _____

Have you done science labs or experiments at your school? __Yes __No

Give an example of a science lab or experiment you have done: _____

How did you first hear about the Future Health Scientists Partnership Program?

__Teacher __Principal __Church __Friend __Other (please name) _____

What are your future goals, and in what way do you think the Future Health Scientists Partnership Program will help you achieve your goals? (Attach additional sheet if necessary.)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please attach student's last report card and two recommendations with application.

Please note: Applications are due on or before **October 27, 2017 at 5:00 p.m. Late or incomplete applications will not receive full consideration.**