Future Health Scientists Partnership Program

2013-2014 Program Application

University of Oklahoma Health Sciences Center
801 NE 13th Street, Room 21
Oklahoma City, OK 73104
(405) 271-2390
(405) 271-3110 (Fax)
Email: CommunityPartnerships&HealthPolicy@ouhsc.edu
Website: www.ouhsc.edu/communitypartnership/
The Future Health Scientists Partnership Program (FHSPP) 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.

FHSPP 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 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 31, 2013.

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, 2013 for the 2014 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
2013-2014 APPLICATION (Application deadline-October 31, 2013)

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 report card and two recommendations from teacher, principal, or counselor.

**Student Applicant** must complete information below:

Last___________________________ First____________________ Middle__________________

Address_______________________________________________________________________

Number and Street Apt# City Zip Code

Home Phone Number___________________ Student Email Address______________________

Student’s Date of Birth_____/_____/_____ Age_____ *Gender: Female_____ Male_____

*Race or Ethnic Group (check one): Black___ Asian or Pacific Islander___ Hispanic___
American Indian or Alaskan Native___ White___

Are you a citizen of the U.S.? __Yes__ No
If not, of which country are you a citizen? __________ Type of Visa _____ Number_______

What is the primary language spoken in your home? __English__ __Spanish__ __Other
If “other”, please specify:________________________________

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 31, 2013 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.

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incomplete applications will not receive full consideration.