

UIC School of Public Health Urban Health & Diversity Program
&
Community of Wellness
Advanced Pathways to Health Professions
Advanced Summer Public Health Institute Application

All applicants should retain pages 1-2 for their records.

This six-week academic enrichment program is designed to: 1) strengthen the academic preparation of students who will be entering grades in 10-12 in science, mathematics, writing, reading, and standardized test-taking; 2) increase students' chances to enter college with competitive ACT scores; 3) instill in students the confidence and ability to succeed in a pre-health science curriculum in college. Courses are held at the UIC School of Public Health UHDP, 1603 W. Taylor, Chicago, IL 60612 (312) 355-2951.

Areas of instruction include biology, chemistry, mathematics, public health research, research writing, laboratory research methods, ACT test preparation, scientific critical thinking, research ethics and career exploration.

Each class session will integrate public health issues into science instructional modules. As part of the writing component, students will also explore several public health concepts that may include: pollution and environment; behavior and health; and we are what we eat. These areas will be explored with complexity increasing by grade level.

The program also includes an academic support component that will focus on special workshops, field trips to public health sites and local area hospitals, and weekly presentations. Topics to be covered will include: how to compete for the best scholarship offers; the cost of college education, time management, preparing for standardized test, and how to integrate an interest in sports with excellent performance.

Students will also spend a significant portion of their time at the Humboldt Park Vocational Center and at a designated preceptor site. These two program components will provide mentoring opportunities for rising 10th to 12th graders and motivate them towards pursuing public health or any other health professions as a goal. Throughout the program, students will be engaged in interactive experiences within their community/sites. Through these interactions, students will develop an understanding of barriers to health care, access to health care, poor health outcomes within their community, the current health status of their community, projected health outcomes, and the students' role and responsibilities to eliminate racial and ethnic health disparities.

Parents/Guardians of participating students will be active members of the UIC SPH Community of Wellness Parent Association. Parents/Guardians must attend at least one workshop and help administrative/teaching staff with supplemental events such as museum tours, special workshops, and motivational presentations.

Program dates and times

June 25-August 3, 2007

Monday-Friday

9:00am-3:00pm

Application Deadline: Extended to May 15th.

The Advanced Summer Public Health Institute is open to current 9th-11th grade students who live or attend high school in Humboldt Park.

Faxed and/or incomplete applications will not be considered.

Mail completed application to:

Dorothy Washington-Calvin
UIC School of Public Health UHDP
1603 W. Taylor, Chicago, IL 60612
(312) 355-2951.

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Nondiscrimination Statement

The commitment of the University of Illinois to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from invidious discrimination in all its forms.

The University of Illinois will not engage in discrimination or harassment against any person because of race, color, sex, religion, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran and will comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University programs and activities.

University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this Statement. Members of the public should direct their inquiries or complaints to the appropriate equal opportunity office.

Policy Council

Revised May 31, 2005

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 Student Application Form

Student Information

Name	Race/Ethnicity	Gender	
Address	City,	State	Zip code
E-mail	Home telephone number	Cell number	
Social security number	Date of birth		
Name of school	Grade in school		
Career interest			
How did you hear about the UIC SPH Community of Wellness HIP program?			
Check all that apply: Parent/Student___ Staff member___ School counselor___ Other (specify)___			

Parent/Guardian Information

Name			
Address	City,	State	Zip code
E-mail	Home telephone number	Cell number	Work number

Emergency Information

Name	Relationship		
E-mail	Home telephone number	Cell number	Work number

X

Student's signature

Date

Attestation:

I understand that submitting an application does not guarantee admission. If accepted, I approve my child's/ward's participation in the University of Illinois at Chicago School of Public Health/Community of Wellness program. I understand that my child/ward must be present on the designated days and times of the program. I also understand that if my child/ward does not adhere to all rules and regulations outlined and implied that he/she may be dropped from the program without compensation.

X

Parent/Guardian signature

Date

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STUDENT'S ACADEMIC RECORD

To be completed by the school guidance counselor

Name of student			
Name of school			
Address	City,	State	Zip code
Name of counselor		Telephone number	
How long have you known this student? _____			
Most recent reading score	Test Title	Date administered	
Most recent math score	Test Title	Date administered	
Class rank _____ / _____			
Current schedule of classes:			
<u>Subject</u>	<u>Grade</u>	<u>Report card date</u>	
<u>Club/sports/extra-curricular activities:</u>			
<u>Activity name</u>	<u>Years involved</u>	<u>Position</u>	

Counselor's signature

Date

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 RECOMMENDATION FORM
To be completed by science teacher

Please print clearly

Name of student		
Name of school	Phone #	
Teachers name		
How long have you known this student? _____		
Name of Course	Most recent grade	Date given

PERFORMANCE RATING

Please use the following scale to rate the student: **(5) Superior** **(4) Excellent** **(3) Average** **(2) Fair** **(1) Poor**

Is usually prepared to work	5	4	3	2	1
Listens attentively to class lectures, discussions, etc	5	4	3	2	1
Participates in class discussions, lectures, laboratories, and other academic activities	5	4	3	2	1
Demonstrates mastery of scientific concepts	5	4	3	2	1
Works well in groups	5	4	3	2	1
Promptly follows instructions in class	5	4	3	2	1
Exhibits commitment to completing his/her writing assignments and homework	5	4	3	2	1
Has a positive attitude/outlook	5	4	3	2	1
Demonstrates appropriate behavior at all times	5	4	3	2	1
Demonstrates initiative and leadership	5	4	3	2	1
Shows creativity and organization in his/her school work and other endeavors	5	4	3	2	1

____ Yes, I highly recommend this student for acceptance. (Please explain on reverse.)

____ I recommend this student with some reservations. (Please explain on reverse.)

____ No, I do not recommend this student for acceptance into the HSSPHI. (Please explain on reverse.)

Teachers' Signature	Subject	Date
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RECOMMENDATION FORM
To be completed by any teacher

Please print clearly

Name of student		
Name of school	Phone #	
Teachers name		
How long have you known this student? _____		
Name of Course	Most recent grade	Date given

PERFORMANCE RATING

Please use the following scale to rate the student: **(5) Superior** **(4) Excellent** **(3) Average** **(2) Fair** **(1) Poor**

Is usually prepared to work	5	4	3	2	1
Listens attentively to class lectures, discussions, etc	5	4	3	2	1
Participates in class discussions, lectures, laboratories, or other academic activities	5	4	3	2	1
Demonstrates mastery of the English language	5	4	3	2	1
Demonstrates mastery of math concepts	5	4	3	2	1
Demonstrates mastery of scientific concepts	5	4	3	2	1
Works well in groups	5	4	3	2	1
Promptly follows instructions in class	5	4	3	2	1
Exhibits commitment to completing his/her writing assignments and homework	5	4	3	2	1
Has a positive attitude/outlook on life	5	4	3	2	1
Demonstrates appropriate behavior at all times	5	4	3	2	1
Demonstrates initiative and leadership	5	4	3	2	1
Shows creativity and organization in his/her school work and other endeavors	5	4	3	2	1

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____ No, I do not recommend this student for acceptance into the HSSPHI. (Please explain on reverse.)

Teacher's signature

Subject

Date

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Please print clearly

Name of student		
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How long have you known this student? _____		
Name of Course	Most recent grade	Date given

PERFORMANCE RATING

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Teacher's Signature

Subject

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Application Check List

Please make sure that your application includes the following items. Place a check next to each item that you have included/completed.

- application form
- counselor form
- science teacher letter of recommendation
- second teacher letter of recommendation
- third letter of recommendation
- most recent report card
- essay

Applicant's Signature Date

Parent's Signature Date