

---

---

**Health Careers Opportunity Program (HCOP)**  
**UIC Summer Residential Enrichment Program (SREP)**  
**Ten Week Program**  
**June 7, 2010 – July 30, 2010**  
**Monday-Friday**  
**9:00 am – 4:30 pm**

The UIC Summer Residential Enrichment Program (SREP) is for college students who have earned at least forty-eight semester hours or more and graduates who are interested in pursuing a career in Public Health. Housed at UIC School of Public Health, the Summer Residential Enrichment Program seeks to inspire and prepare underrepresented and economically disadvantaged undergraduate juniors and seniors, recent college graduates and those changing professions to pursue graduate education and professional degrees in public health. SREP will use a comprehensive approach focusing on key concepts of public health and will include interaction with mentors who are at the forefront of public health and will stimulate the interest in underrepresented and economically disadvantaged students to consider public health as a career option, SREP activities will be guided by the following principles:

- Eliminate health disparities between minority and non-minority segments of the U.S. population
- Improve public health practices by improving professional preparation of disadvantaged and underrepresented professionals
- Enhance the quality of public health practice by improving the professional preparation of disadvantaged and underrepresented minorities
- Recognize that minority leadership in public health is essential for addressing the myriad of public health efforts directed towards the prevention of disease and the organization of health care systems
- Participate in efforts to collect and analyze data that could characterize and address the adverse health problems in minority and underserved populations
- Recognize that the consideration of socio-cultural and environmental contexts is essential to addressing the needs of minority populations

Mail completed applications to:

Linda Casanova Pineda, UIC School of Public Health, Urban Health & Diversity Program, Health Careers and Opportunity Program, 1603 W. Taylor St., Chicago, IL, 60612 Telephone #: 312-996-5955 or 312-996-7078

**Faxed and/or incomplete applications will not be considered.**

---

Sponsored by the Bureau of Health Professions  
U.S. Department of HHS-HRSA  
American Recovery and Reinvestment Act Health Professions Program and  
Division of Health Careers Diversity and Development

---

---

**Health Careers Opportunity Program (HCOP)**  
**Summer Residential Enrichment Program (SREP)**  
**UIC School of Public Health 1603 W. Taylor Street, Chicago, IL 60612**  
**Program Dates: Monday, June 7, 2010 – Friday, July 30, 2010**  
**Monday-Friday 9:00 am – 4:30 pm**  
**Application Deadline: Monday, March 15, 2010**

At the end of the eight-week training, participants should be able to : 1) Identify and discuss areas of health disparity among the US ethnic and racial populations; 2) Understand the theories and principles of biostatistics, community health science, environmental and occupational health science, epidemiology, and health policy administration; 3) Know the importance and practice of time management as well as test-taking strategies; 4) Demonstrate the skills necessary for public health advocacy; 5) Prepare a poster presentation describing preceptorship site experience and an abstract of its relevance to health issues confronting underrepresented and disadvantaged communities; 6) Participate fully in the Graduate Records Examination (GRE); 7) Know about the many educational pathways that could lead to careers in public health; 8) recognize and appreciate the role of research and clinical trials in public health efforts; 9) Earn a minimum of 2 credits towards the UIC Human Subject Protections Program Continuing Education Requirement; 10) Collect, enter and analyze data and prepare simple statistic frequencies.

Accepted applicants will be required to complete a very short course on-line as part of the program curriculum. The course is free. Accepted participants will receive instructions on how to register for the required course. The four modules will take no more than 20 hours to complete. Instructions about purchasing or loaning the book will be forwarded upon acceptance. Upon completion of the course, a certificate will be issued to you and you will be expected to provide a copy to our office within two weeks of enrollment.

Participants will receive a stipend of **\$3,200.00** paid periodically as sections of the program are completed. Round trip travel expenses of participants coming from outside Cook County, Illinois will be supported up to \$116.00 and outside Illinois will be supported up to \$250.00. Assistance to secure appropriate housing will be provided. However, participants will pay for their own on/off campus housing.

**Completed application will include:**

- Application
- Official College/University transcripts of all institutions attended (recommended gpa 2.75/4.0)
- Essay on why you are interested in a public health profession and how you will address health disparity and/or health professions shortage areas/medically underserved areas.
- Resume
- Two letters of recommendations

**Return completed application and required documents listed above to:**

**Linda Casanova Pineda**  
**HCOP-UIC School of Public Health**  
**1603 W. Taylor St. Suite 152**  
**Chicago, IL 60612**

**Summer Residential Enrichment Program (SREP)  
Health Career Opportunity Program (HCOP)  
2010 Application**

**Program dates: June 7, 2010 - July 30, 2010 - Application deadline March 15, 2010**

**University of Illinois at Chicago School of Public Health  
1603 West Taylor Street, Room 152, Chicago, Illinois 60612  
Telephone #: 312-996-5955 – 312-996-7078**

Please type or neatly print.

1. Full Legal Name

Last/Family Name/Surname      First/Given      Middle

2. Current Mailing Address (good until what date):

\_\_\_\_\_

City                      County                      State                      Zipcode

3.. Permanent Legal Home Address:

\_\_\_\_\_

4. Name & address of nearest relative:

\_\_\_\_\_

5. E-mail address

6. Date of Birth | | | - | | | - | | | |      Sex:  male  female

7. Self-identification\*

- American Indian/Alaskan Native
- Black, not of Hispanic origin
- Asian/Pacific Islander
- White, not of Hispanic origin
- Hispanic/Latino
- Other \_\_\_\_\_

\*Your response will not adversely affect your application. The information is requested so that this program may demonstrate its compliance with federal regulations.

8. Current Home Phone Number      | | | | - | | | - | | | |

9. Cell Phone Number      | | | | - | | | - | | | |

10. Nearest Relative Phone Number      | | | | - | | | - | | | |

11. Citizenship Status:  US     Permanent Resident

If immigrant/permanent resident:                      Alien Registration # \_\_\_\_\_

12. Are you a resident of Illinois?  Yes (see below)  No

Length of residence year \_\_\_\_\_ month \_\_\_\_\_

Town/City \_\_\_\_\_

13. Are you a resident of a health professions shortage area or medically underserved area? (for assistance, please go to <http://hpsafind.hrsa.gov/>)

No, \_\_\_\_\_

Yes, please explain \_\_\_\_\_

14. List the name of institutions you have attended where university level work has been completed.

Name (Begin with the most recent)	City/Town	State	Date of Attendance (from and to/current)	Degree(s) received

15. College/University \_\_\_\_\_ Major \_\_\_\_\_

16. Emergency Contact:

\_\_\_\_\_

Name

Phone

17. Name of references (at least one must be academic):

\_\_\_\_\_

Institution

Name

Phone

\_\_\_\_\_

Institution

Name

Phone

18. Academic Interest:

Areas of Public Health you are interested in pursuing:

Biostatistics  Epidemiology  Community Health Sciences

Environmental and Occupational Health Sciences

Health Policy and Administration

Undecided  Other (specify) \_\_\_\_\_

19. Do you plan to attend UIC School of Public Health?  Yes  No

20. Have you ever used the HCOP service(s) offered by the UIC School of Public Health?

Yes       No

If yes, which service(s)? \_\_\_\_\_

\_\_\_\_\_

21. Family:

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

How many years of formal education has your father completed? \_\_\_\_\_

How many years of formal education has your mother completed? \_\_\_\_\_

Number of siblings \_\_\_\_\_

Total # in parent's household \_\_\_\_\_      Total income \_\_\_\_\_

Total number of persons living at your residence if different from your parents  
(Include yourself in this count) \_\_\_\_\_

22. Did you attend     public or     private high school?

Please provide name, city and state: \_\_\_\_\_

23. If accepted into the program, would you be in need of special assistance due to any physical/mental conditions?     Yes       No

24. GRE Scores (if test was taken within the past five years)

Verbal \_\_\_\_\_      Quantitative \_\_\_\_\_

25. MCAT Verbal Reasoning \_\_\_\_\_      Physical Sciences \_\_\_\_\_

Writing Sample \_\_\_\_\_      Biological Sciences \_\_\_\_\_

**26. Certification: I understand that withholding information, including attendance at any other institution, requested on this application or giving false information makes me ineligible for admission to the program or subject to dismissal. I have carefully read the application instructions and the application. I certify that all the information I have provided is complete and accurate**

Signature \_\_\_\_\_

Date \_\_\_\_\_