



# University of Pittsburgh Health Career Scholars Academy

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Ms. Karen Narkevic, Program Director

June 25 – July 22, 2017

## 2017 UPHCSA Application Form

### Application Deadlines & Notification Dates

**Receipt Deadline (in UPHCSA Office): February 15, 2017.**

**Notification: March 6 – 10, 2017 – Notification of status will be via email.**

### Student Eligibility:

- The applicant must be a **current sophomore or junior (and age 15-18)** in secondary school or homeschooled.
- The applicant who accepts an invitation to attend the program must commit to being in residence for the entire program, which does not allow trips home or other absences.
- Completed application must be returned by **February 15, 2017**. **All** parts of application must be submitted in one package.
- Grounds for Disqualification: Ineligibility (as listed above); lateness of application submission; incomplete application (it must be submitted in its entirety at one time); plagiarism; or falsification of information on the application.

### Application Information:

Application to the UPHCSA is a competitive process: Not all applicants will be accepted. A selection committee comprised of health care professionals, educators and other officials reads the applications. All information provided in an application is taken into account, with emphasis on the student's essays, activities resume and academic transcript. The panel looks for a commitment to service and excellence in written expression in the essays. Students are asked to select a current issue related to health care, discuss the problems and possible approaches or solutions they recommend, and explain their interest in the issue. The panel reviews the extracurricular resume for evidence of volunteerism, involvement in community activities and leadership. Teacher references are read for evidence of scholarship, maturity, responsibility, initiative and positive reaction to criticism.

The panel will select 100 students.

### Application Contents:

- \_\_\_ Program and Application Information (pages 1 and 2) –Please keep for your records
- \_\_\_ Personal Data Form and Authorizations (pages 3 and 4)
- \_\_\_ Application Essays – Narrative and Chief Essay (Please attach to pages 3 and 4)
- \_\_\_ Resume or C.V. (Please attach to pages 3 and 4)
- \_\_\_ Science Teacher Reference Form (pages 5 and 6)
- \_\_\_ Other Teacher or Activity Advisor Reference Form (pages 7 and 8)
- \_\_\_ Guidance Counselor Reference Form (pages 9 and 10)
- \_\_\_ Copy of Secondary School Transcript – (Counselor to attach to pages 9 and 10)
- \_\_\_ Scholarship Assistance Information and Application Requirements (Page 11)

**You should retain a copy of the entire submitted application for your records (except the recommendations which should be submitted in sealed envelopes from the teachers, etc.).**

## Program Overview

The University of Pittsburgh Health Career Scholars Academy is a unique, four-week, residential summer program for high school students that is held on the main campus of the University of Pittsburgh in Pittsburgh, Pennsylvania. The students who are accepted to UPHCSA are highly motivated, thoughtful, hard-working, and committed to helping others. The program brings together 100 students to live and learn together in a pre-college environment.

Students attend sessions on topics falling into one of these broad categories: Caring for Health, Making a Difference, and Thinking about Thinking. In addition, each student will be assigned to a learning team course and a concentration course. Shadow experiences, multiple site visits, small discussion groups, guest speakers, simulation games, team projects and presentations, videos, independent study and working in a culturally diverse environment are included in the UPHCSA curriculum. Another important aspect of the program is helping students to learn, understand and develop professional expectations and behavior. The program also schedules social and recreation activities. Typically, students spend evenings after 8:30 p.m. working in computer laboratories or doing advance assignments.

## Student Life

Students will be housed in dormitories on the University of Pittsburgh campus. Using a provided meal card, participants eat in the UPMC Presbyterian Hospital cafeteria during the program. To support the goal of students living in and creating a community of learners, a programming plan within the residence halls is in place. Residence Life staff (ratio of one staff member for approximately 10 - 12 students) offer a variety of social, cultural and recreational activities during the weekends, to support the program curriculum and to encourage interaction among the participants.

The live-in staff consists of nine or ten Resident Life Counselors, one of whom serves as the Resident Life Coordinator. Students and staff are housed in Brackenridge Hall on Pitt's campus with some social activities held in the common areas of the dorm, as well as at other campus locations. Members of the opposite sex are not allowed in the sleeping room areas at any time, with the exception of the program staff. Accommodations are suite-style, with 4 – 5 students assigned to each suite.

## Facilities and Faculty

The University of Pittsburgh Medical Center is one of the nation's most renowned academic medical centers. UPHCSA students are privileged to meet with the professionals who develop health policy, conduct research and deliver patient care. Many of the UPHCSA classrooms are situated in the medical center hospitals. A wide range of professionals volunteer their services as instructors and mentors at the UPHCSA. In addition, graduate school students lead the learning teams.

The University of Pittsburgh campus is urban, and the program rules are strict for the well being of participants. Students live in gender-separate quarters exclusive from other campus groups. Trained staff monitors curfews and residential life, while also serving as facilitators for projects and discussions.

### **Fees and Expenses:**

Cost for the 2017 program is \$2,800.

This fee includes tuition, housing, meals, course materials, curriculum related social activities and field trips, for the duration of the four-week program. Optional social activities are not included in the fee.

A non-refundable deposit of \$300 is included in the fee and will be due by April 1 with your signed acceptance forms.

We are currently working on securing a limited amount of money to assist applicants who are accepted to UPHCSA 2017 and who demonstrate financial need. If you cannot afford to attend the program and would like to apply for some scholarship funding, please ask your parent/guardian to sign on page 11 and download a Statement of Financial Need form from [www.hcsa.pitt.edu](http://www.hcsa.pitt.edu). This statement must be submitted with the student application by February 15, 2017. Please note that scholarship funding is limited; there is no guarantee that students who apply for scholarship funding will receive it.

# 2017 UPHCSA Personal Data Form

## PROCEDURES CHECKLIST

- TYPE OR CLEARLY PRINT ALL INFORMATION REQUESTED ON THIS PAGE IN DARK INK.
- COMPLETE Parts I, II, III and IV. **Staple** responses required in Part II to this form. **Read and sign** Part III. The parent/legal guardian must **read and sign** Part IV.
- Applications must be received at the University of Pittsburgh by **February 15, 2017**.
- Information: (412-647-5362) Monday thru Friday 8:30 a.m. – 3:30 p.m., except holidays.

## PART I: Student Information

Intermediate Unit (PA only) \_\_\_\_\_

Applicant's Current Grade Level \_\_\_\_\_

Student's Name \_\_\_\_\_  Male or  Female  
*first middle last*

Permanent Home Address \_\_\_\_\_  
*street or box number street or route city state zip*

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Pennsylvania County \_\_\_\_\_

Name of High School \_\_\_\_\_  Public  Non-Public

Name of School District in which you reside (even if you do not attend the public school) \_\_\_\_\_

Parent's or Legal Guardian's Full Name \_\_\_\_\_

Parent's or Legal Guardian's Home Address \_\_\_\_\_  
(If different from above) *street or box # street or route city state zip*

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*month day year*

Student email \_\_\_\_\_

Parent email \_\_\_\_\_

### A. How did you learn about the University of Pittsburgh Health Career Scholars Academy?

- Counselor/teacher
- Program Alumni
- Newspaper Article
- Website
- Other \_\_\_\_\_

B. Describe your Community: \_\_\_\_\_ Rural/Small Town \_\_\_\_\_ Urban \_\_\_\_\_ Suburban

C. **OPTIONAL:** How do you identify yourself? *Please check one below. This information is confidential and will be used for statistical accounting only.*

- African American
- Asian
- Caucasian/White
- Hispanic/Latino
- Indian (Asian)
- Middle Eastern
- Native American Indian/Alaskan/Hawaiian
- Other \_\_\_\_\_

D. Is there a particular health care profession or area of health care in which you are interested? If so, please describe briefly: \_\_\_\_\_

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## PART II: UPHCSA Application

The following responses are required. Staple your work to this page. An application missing any part may be disqualified for incompleteness. These responses receive emphasis in the selection process. The selection criteria are available online at [www.hcsa.pitt.edu](http://www.hcsa.pitt.edu).

### A. NARRATIVE STATEMENT

- **Format:** Essay format, 2 page maximum, typed/word-processed, double-spaced, letter quality font no smaller than 12 points. Your name should appear at the top of the page. Title the essay "Narrative Statement."
- **Prompt:** Introduce yourself to the selection committee. This statement should reveal your personality, work style, why you are interested in UPHCSA, special interest and experiences, and also reveal your interest in a health care career.

### B. EXTRACURRICULAR RESUME

- **Format:** Resume format, 2 page maximum, typed/word-processed, single or double-spaced, letter quality font no smaller than 12 points. Your name should appear at the top of each page.
- **Prompt:** List extracurricular activities, special study projects or activities in which you have been involved since entering high school, including school activities, community groups, service activities, employment, personal pursuits, special honors and awards. Indicate dates of involvement, your role in the activity, and for what the honors/awards were bestowed.

### C. CHIEF ESSAY

- **Format:** Essay format, 2 pages maximum, typed/word-processed, double-spaced, letter quality font no smaller than 12 points. Your name should appear at the top of each page. Title the first page with the theme of the essay.
- **Sources:** Cite sources used to back up discussion of your topic.
- **Prompt: Choose ONE of the following essay themes, checking the box beside the theme selected.**
  - (1) Select a current issue related to health care. Explain your interest in the issue; discuss the problems, and possible approaches or solutions you recommend. You may select one topic from the suggestions below or one of your own choosing (the topic must be health care related).
    - ◆ Health Care Issues in My Local Community (identify one issue)
    - ◆ Ethics and Health Care
    - ◆ The Biggest Challenge Facing Health Care Professionals Today
  - (2) Select and discuss a national health care concern that also affects your local community. Provide evidence that this is a legitimate concern and propose a solution to address the problem.

## PART III: Applicant's Statement and Signature

- *I certify that, to the best of my knowledge, all of the information I have provided is accurate and that the work submitted is my own.*
- *I acknowledge that information about my selection to the University of Pittsburgh Health Career Scholars Academy and the projects I may develop there may be shared with the public.*
- *I understand that it is my responsibility to return this form and the required attachments **directly to the UPHCSA office by the February 15, 2017 due date.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PART IV: Parent/Guardian's Statement and Signature

- *I have reviewed the information on this form and give my permission for my child to proceed with the application procedures. I authorize my child's school and its employees to release any information necessary for this application.*
- *If my child is selected to attend the University of Pittsburgh Health Career Scholars Academy, **I understand that there is a program fee of \$2800 that covers the cost of all meals, housing, tuition, course materials, curriculum related transportation and field trips during the four week program. However, transportation to and from the University of Pittsburgh and dorm group social activities are not covered in the program fee.***

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# 2017 UPHCSA Science Teacher Reference

Applicant's Name \_\_\_\_\_ Counselor \_\_\_\_\_  
 High School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Name of Teacher \_\_\_\_\_ Subject \_\_\_\_\_

## PROCEDURES

- WHO MAY COMPLETE THIS FORM:** A teacher in any course considered "science," who has had the applicant in class or as an advisee, may complete this form. The choice of the reference is the applicant's. The applicant need not be studying with the reference at present; however, the student should be careful to choose someone who can best and most completely answer all questions on both sides of this form. *Parents or legal guardians may not complete forms for their children.*
- BOTH SIDES OF THIS FORM MUST BE COMPLETED FROM PARTS I THROUGH IV.** Using the criteria below, and on the next page (page 6), please evaluate the applicant in detail. The UPHCSA program is seeking evidence of mature and conscientious study; a commitment to examining complex issues related to health care delivery; the ability to apply analytical processes, research and technology; and the flexibility to work both independently and in cooperation with culturally diverse peers and adults.
- This form must be signed and dated (page 6) in part IV.
- Please complete this form and return it immediately to the student in a sealed/signed envelope. Students are required to submit the application in its entirety in one packet. The application is due to the UPHCSA office on February 15, 2017. The entire application must be submitted in one package.**
- The application will be disqualified if it is late or incomplete. **Recommendations received without the application will not be accepted.**

## Part I

For each item below, please assess the applicant by assigning one of the following values:

**A** = Exceptional    **B** = Above Average    **C** = Average    **D** = Below Average    **E** = No Opportunity to Observe

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| ___ Interest in health care      | ___ Reaction to and use of criticism |
| ___ Initiative and independence  | ___ Responsibility                   |
| ___ Written communication skills | ___ Active participation in class    |
| ___ Oral expression              | ___ Organizational Skills            |
| ___ Listening Skills             | ___ Ability to work in a team        |
| ___ Tolerance of others          | ___ Service to school & community    |

## Part II

How does the applicant compare in overall promise with other students with whom you have had contact in the last three years? **Please check one statement below:**

- Among the very best I have known
- Very good, but not the very best
- Average
- Below average

**COMPLETE PARTS III AND IV ON PAGE 6.**

### **PART III: Summary Comments**

Please write a statement about this applicant’s strengths and weaknesses, explaining why you rated the applicant as you did in Parts I and II. Please cite examples of outstanding contributions, achievements or challenges. Your response is important and will assist the selection committee in understanding if this student is ready for a sustained, intensive living/learning experience.

*You may use the space below or staple a letter to this form. Please check here if you are attaching a letter:*

### **PART IV: Recommendation**

Please check one selection below to indicate your recommendation for the applicant for the University of Pittsburgh Health Career Scholars Academy:

- Highly recommended     Recommended     Recommended with reservations     Not recommended

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **(print clearly)**

**How long and in what capacity have you known the applicant?** \_\_\_\_\_

\_\_\_\_\_

# 2017 UPHCSA Activity Advisor/ Teacher Reference

Applicant's Name \_\_\_\_\_ Counselor \_\_\_\_\_  
 High School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Name of Teacher \_\_\_\_\_ Subject \_\_\_\_\_

## PROCEDURES

- WHO MAY COMPLETE THIS FORM:** (a) The applicant's supervisor in a service or volunteer activity; (b) The applicant's supervisor/instructor in a hospital sponsored or other health care program; (c) A school advisor for an extracurricular activity in which the applicant is involved; (d) a health science or medical careers teacher; (e) **A TEACHER IN ANY FIELD OTHER THAN SCIENCE** may complete this form if none of the other options listed are feasible. The choice of the reference is the applicant's. The applicant need not be studying with the reference at present; however, the student should be careful to choose someone who can best and most completely answer all questions on both sides of this form. *Parents or legal guardians may not complete forms for their children.*
- BOTH SIDES OF THIS FORM MUST BE COMPLETED FROM PARTS I THROUGH IV.** Using the criteria below, and on the next page (page 8) please evaluate the applicant in detail. The UPHCSA program is seeking evidence of mature and conscientious study; a commitment to examining complex issues related to health care delivery; the ability to apply analytical processes, research and technology; and the flexibility to work both independently and in cooperation with culturally diverse peers and adults.
- This form must be signed and dated (page 8) in Part IV.
- Please complete this form and return it immediately to the student in a signed/sealed envelope. Students are required to submit the application in its entirety in one packet. The application is due to UPHCSA office on February 15, 2017. The entire application must be submitted in one package.**
- The application will be disqualified if it is late or incomplete. Recommendations received without the application will not be accepted.**

## Part I

For each item below, please assess the applicant by assigning one of the following values:

**A** = Exceptional    **B** = Above Average    **C** = Average    **D** = Below Average    **E** = No Opportunity to Observe

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| ___ Interest in health care      | ___ Reaction to and use of criticism |
| ___ Initiative and independence  | ___ Responsibility                   |
| ___ Written communication skills | ___ Active participation in class    |
| ___ Oral expression              | ___ Organizational Skills            |
| ___ Listening Skills             | ___ Ability to work in a team        |
| ___ Tolerance of others          | ___ Service to school & community    |

## Part II

How does the applicant compare in overall promise with other students with whom you have had contact in the last three years? Please check one statement below:

- Among the very best I have known
- Very good, but not the very best
- Average
- Below average

**COMPLETE PARTS III AND IV ON PAGE 8.**

### **PART III: Summary Comments**

Please write a statement about this applicant’s strengths and weaknesses, explaining why you rated the applicant as you did in Parts I and II. Please cite examples of outstanding contributions, achievements or challenges. Your response is important and will assist the selection committee in understanding if this student is ready for a sustained, intensive living/learning experience.

*You may use the space below or staple a letter to this form. Please check here if you are attaching a letter:*

### **PART IV: Recommendation**

Please check one selection below to indicate your recommendation for the applicant for the University of Pittsburgh Health Career Scholars Academy.

- Highly recommended     Recommended     Recommended with reservations     Not recommended

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_ (print clearly)

**How long and in what capacity have you known the applicant?** \_\_\_\_\_

\_\_\_\_\_



# 2017 UPHCSA Counselor Recommendation Form

Applicant's Name: \_\_\_\_\_  
High School \_\_\_\_\_  
Counselor's Name \_\_\_\_\_  
School Address \_\_\_\_\_

Intermediate Unit (PA only) \_\_\_\_\_  
Applicant's Current Grade Level \_\_\_\_\_

**INFORMATION: 412-647-8129**

## PART I: Procedures Checklist

- Required:** This applicant must be a current **sophomore or junior and 15 years of age by the start of the program. No other grade levels are eligible and minimum age requirement must be met.**
- Required:** Complete all sections of this form, Parts II – VII, filling in all information requested in Parts III and IV, even if it appears on the transcript. *Applications missing information may be disqualified for incompleteness.*
- Required:** Attach the applicant's **TRANSCRIPT and current grades** as requested in Part II.
- Optional but recommended:** Attach a LETTER, if you wish, in response to Part VII. Otherwise write in space provided.
- The application is due February 15, 2017.** Student is responsible for gathering all recommendations and mailing application to UPHCSA. Please provide this recommendation form, transcript and current report card to the student in a sealed envelope. **Students are required to submit the application in its entirety in one packet, including letters of recommendation. Further applications can be downloaded from [www.hcsa.pitt.edu](http://www.hcsa.pitt.edu).**

## PART II: Transcript

- Attach the applicant's **transcript and current report card** to this form.

## PART III: Attendance Record

- Number of absences in the last full academic year: \_\_\_\_\_  
**IMPORTANT: If the number exceeds 10, please state reason(s) and whether the number has remained high this year.**
- Number of tardies in the last full academic year: \_\_\_\_\_  
**IMPORTANT: If the number exceeds 5, please state reason(s) and whether the pattern of tardiness has changed in the current year.**

## PART IV: Academic Scores and Standing

- Please complete the following information as thoroughly as possible, even if it appears on the transcript. *If there are no PSAT or SAT scores to report, please explain why:*

**Required:** Class size \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Scale \_\_\_\_\_

Test Scores: PSATs: Verbal/Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

SATs: Verbal/Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

Other Tests (Please define acronyms):

Date \_\_\_\_\_ Test \_\_\_\_\_

Date \_\_\_\_\_ Test \_\_\_\_\_

Date \_\_\_\_\_ Test \_\_\_\_\_

## **PART V: Counselor's Recommendation**

Please check one selection below to indicate your recommendation for the applicant for the University of Pittsburgh Health Career Scholars Academy:

Highly recommended     Recommended     Recommended with reservations     Not recommended

## **PART VI: Counselor's Statement**

Please comment on the applicant's special qualities, challenges or problems of which the selection committee should be aware. You may attach a letter if necessary or use this space. Check this box if attaching a letter:

## **PART VII: Counselor's Signature**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Office Phone Number \_\_\_\_\_

## Financial Assistance:

- ☐ Limited financial aid funds are available for students whose total family income falls below the federal guidelines. Please go to [www.hcsa.pitt.edu](http://www.hcsa.pitt.edu), click on the Application tab to download a **Financial Need Statement** and federal income guideline chart. Please attach the completed Financial Need Statement to this application.

*I understand that if my son/daughter is selected in to attend the program, a copy of my 2016 tax return will be required to be sent to the UPHCSA office by March 21, 2017 for verification before any scholarship funds are awarded. (You need not have filed the return yet.)*

**Check the box and have parent sign ONLY if financial assistance is requested.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT RESPONSIBILITIES AND UNDERSTANDINGS

- ◆ **DO NOT WAIT UNTIL THE LAST WEEK TO COMPLETE THE APPLICATION.**
- ◆ **RETAIN A COPY OF THE APPLICATION FOR YOUR FILES.**
- ◆ **NOTIFY COUNSELOR AND TWO TEACHER REFERENCES OF INTENTION TO FILE APPLICATION WELL IN ADVANCE OF DEADLINE.** Discuss “pre” deadlines for completing work in order to send off completed application on time. Please ask your guidance counselor to attach a copy of your academic record in high school/secondary school to date. This should list the classes you have taken and your final grades.
- ◆ **REVIEW ALL FORMS BEFORE PROCEEDING WITH THE APPLICATION PROCESS.**
- ◆ **SUPERVISE COMPLETION:** The applicant is responsible for staying in communication with the counselor and teacher references to make sure the application is completed appropriately and sent off to UPHCSA by the postmark deadline.
- ◆ **REFRAIN FROM ADDING UNSOLICITED REFERENCES, RECOMMENDATIONS OR MATERIALS.** Send only those requested. Do not add newspaper clippings, photographs, research papers, certificates or other unsolicited materials. Extraneous letters of recommendation other than the two teacher references and the counselor’s recommendation and other unsolicited materials will be removed from applications. The selection panel will not see them.
- ◆ **UNDERSTANDINGS:** The UPHCSA cannot provide individual assessments or grant appeals to the selection process. Furthermore, UPHCSA and the University of Pittsburgh are not responsible for late, lost, incorrectly addressed, incomplete or damaged applications.

## APPLICATION PROCEDURES

- **TEACHER REFERENCES:** Select one science teacher and one activity advisor/other teacher, as per guidelines on the respective forms, pages 5 – 6 and 7 – 8 of the application, to serve as references. Fill out the information lines on the tops of the forms and give them to teachers. After completing forms, teachers place references in sealed envelopes and return to student.
- **GUIDANCE COUNSELOR RECOMMENDATION:** Fill out the information lines on the top of the form (page 9) and give the full form (pages 9 - 10) to the counselor. Counselor - please return pages 9-10 in sealed envelope to student.
- **PERSONAL DATA FORM:** Complete the information lines on page 3 of the application and respond to the prompts on page 4 (resume of extracurricular activities, narrative statement and essay). Staple these responses to page 4 of the application.
- **STUDENT SUBMISSION:** **Student is responsible for submitting the entire application** (Personal Data Form, essays, resume, the two teacher references, the counselor’s information, the applicant’s transcript and current report card) **in one packet** by the deadline.
- **STRONGLY RECOMMENDED:** The applicant may attach a SELF-ADDRESSED, STAMPED POSTCARD for the acknowledgment of the receipt of the UPHCSA application. If this has not been received three weeks after mailing the application, contact the Program Director (412-647-5362) or email [narkevickd@upmc.edu](mailto:narkevickd@upmc.edu).

**Application must be received no later than February 15, 2017**

Our mailing address is:

**Ms. Karen Narkevic, Director  
University of Pittsburgh Health Career Scholars Academy  
Suite 302 Iroquois Building  
3600 Forbes Avenue  
Pittsburgh, PA 15213**