Future Health Scientists Partnership Program

2011-2012 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/
**FHSPP Application Instructions**

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 fax to (405) 271-3110, or emailed to: CommunityPartnerships&HealthPolicy@ouhsc.edu. **Applications and supporting documentation are due in our office no later than October 31, 2011.**

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.

Activities are expected to begin in December of this year for the 2011-2012 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
2011-2012 APPLICATION (Application deadline-October 31, 2011)

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.
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________________
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.