Future Health Scientists Partnership Program

2016-2017 Program Application

Office of Community Partnerships and Health Policy
University of Oklahoma Health Sciences Center
801 NE 13th Street, Room 21
Oklahoma City, OK 73104
(405) 271-2390

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 two 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, 2016.**

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, 2016 for the 2017 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
2016-2017 APPLICATION (Application deadline-October 30, 2015)

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

Student’s Last Name____________________ First________________ Middle________________

Address__________________________________________________________

Number and Street________ Apt#________ City & State________ Zip Code________

Home Phone Number____________ Student Email Address__________________________

Student’s Date of Birth___/___/___ Age_____ T-Shirt Size____ Gender: Female____ Male____

*Race or Ethnic Group (check one): Black____ Asian or Pacific Islander____ Hispanic____
American Indian or Alaskan Native____ White____

Are you a U.S. citizen? __Yes ____No If not, of which country are you a citizen? __________

Type of Visa______ Visa Number________

What is the primary language spoken in your home? __English __Spanish __Other

If “other”, please specify:_____________________________

*Is your child eligible for free or reduced lunch at school? ___Yes ___No

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, 2016 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______________________

Please note: Applications are due on or before **October 31, 2016 at 5:00 p.m.** Late or incomplete applications will not receive full consideration.
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.

Please note: Applications are due on or before October 31, 2016 at 5:00 p.m. Late or incomplete applications will not receive full consideration.