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 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.

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 2010-2011 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 Partnership
Future Health Scientists Partnership Program

2010-2011 Program Application

University of Oklahoma Health Sciences Center
801 NE 13th Street, Room 21
Oklahoma City, OK 73104
(405) 271-2390
FUTURE HEALTH SCIENTISTS PARTNERSHIP PROGRAM
2010-2011 APPLICATION

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.

Name of Student

Last               First               Middle

Address  
Number and Street  Apt#  City  Zip Code

Home Phone Number ________________________________

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: ________________________________

Will your parents need materials sent home in any language other than English?
__Yes  __No  If “yes”, please specify language: ________________________________

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 section below:

<table>
<thead>
<tr>
<th>Student applicant lives with:</th>
<th>Both parents</th>
<th>Guardian</th>
<th>Mother only</th>
<th>Father only</th>
<th>Other (please specify)</th>
</tr>
</thead>
</table>

**Name of Mother (or Guardian)**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

**Address (if different from student’s)**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Place of Employment</th>
</tr>
</thead>
</table>

**Phone (home)**

<table>
<thead>
<tr>
<th>Phone (home)</th>
<th>(cell)</th>
<th>(work)</th>
</tr>
</thead>
</table>

**Email**

**Education (please check one):**

- Less than high school
- High school graduate
- College graduate

**Name of Father (or Guardian)**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

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</tr>
</thead>
</table>

**Email**

**Education (please check one):**

- 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:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

| Address | |
|---------| |

<table>
<thead>
<tr>
<th>Phone (home)</th>
<th>(cell)</th>
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|---------| |

<table>
<thead>
<tr>
<th>Phone (home)</th>
<th>(cell)</th>
<th>(work)</th>
</tr>
</thead>
</table>

**Medical History**

Does your child have any dietary restrictions (i.e., vegetarian)? **__Yes__  __No**

Does your child have any allergies (food, latex, etc.)? ________________________________________________________

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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medication</th>
<th>Dosage</th>
</tr>
</thead>
</table>
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.)