



# HEALTH CAREERS OPPORTUNITY PROGRAM (Saturday Academy)

## PROGRAM SUMMARY

The Health Careers Opportunity Saturday Academy provides educational enrichment experiences to middle school students in sixth grade who show an interest in medical or health related professions (Medicine, Optometry, Dentistry, Veterinary, Osteopathy, Pharmacy, Podiatry, Allied, and Public Health). Students are recommended by school counselors, science and math teachers to participate in Saturday Morning Mr./Ms. Wizard Classes at The University of North Carolina at Pembroke. The classes are conducted two Saturdays each month from 8:30 a.m. to 12:00 p.m. to introduce students to science content and critical thinking, along with illustrated careers in science. Topics include physics, chemistry, biology, computers, and meteorology. Students that participate in the Mr./Ms. Wizard classes receive a small stipend. After program completion, students are encouraged to become members of the Health Career Clubs in middle school and high school. The Mr. & Ms Wizard Program is a gateway initiative to enhance student access and entry into Health Professions.

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## SELECTION CRITERIA

- ☞ Must be a 6<sup>th</sup> grader enrolled at a Robeson County middle school.
- ☞ Must be from an economically and/or educationally disadvantaged background.
- ☞ Must be a US Citizen
- ☞ Three letters of recommendation from counselors and science & math teachers

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## APPLICATION PROCEDURE

1. Complete the application in detail. Failure to complete the application in its entirety will delay the student's consideration into the program or failure to be accepted for program participation.
2. Provide 3 letters of recommendation. Letters of Recommendation from the school counselor and math or science teachers.
3. Submit a copy of your middle school transcript or last report card with the application.
4. Attach a current student photo to the application.
5. Type a short personal essay describing your background, goals, health career interest, and reason for desiring to participate in the Mr. & Ms Wizard Program (1 page).
6. **ONLY A COMPLETE APPLICATION** with ALL supporting documents will be considered for program participants.



## REFERENCES

Please provide the names, addresses, and phone numbers of the three individuals you have asked to send a letter of recommendation. (**Two** letters from former science and math teachers, **One** from your guidance counselor)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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## FAMILY INFORMATION

Based on your family's last tax return or other verifiable document, what was the family's **Adjusted Gross Income** for the last year? \_\_\_\_\_

Please check all that apply:

**Father:** Living \_\_\_ Deceased \_\_\_: Occupation \_\_\_\_\_

**Education:** High School: \_\_\_ Tech School: \_\_\_ College: \_\_\_ Grad/Prof: \_\_\_\_\_

**Mother:** Living \_\_\_ Deceased \_\_\_: Occupation \_\_\_\_\_

**Education:** High School: \_\_\_ Tech School: \_\_\_ College: \_\_\_ Grad/Prof: \_\_\_\_\_

Number living in the household:  **Brothers:** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

**Sisters:** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

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## Career Interest Statement

On a separate sheet of paper, please type a personal essay describing your background, goals, motivation, and health career interests. Tell us your reasons for wanting to participate in the Health Careers Opportunity Saturday Academy.

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**Please attach a recent photo in the space provided:**  
**Photos will not be returned!!**

**ATTACH  
STUDENT PHOTO  
HERE**

**CERTIFICATION AND RELEASE OF INFORMATION**  
**(Must be signed by student and parent)**

All information in this form is true and complete to the best of my knowledge. Upon request, I will provide proof of information to the Director of HCOP. I realize that proof of information may include a copy of my federal or state income tax forms from the past year. I also realize that failure to provide proof of information will jeopardize my student's acceptance into the Health Careers Opportunity Saturday Academy.

I grant permission to the representative(s) from the Health Careers Opportunity Program at the University of North Carolina at Pembroke, to receive and/or review copies of my school transcript, all information relating to financial aid application, and reports regarding my academic progress.

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Signature of Student

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Date

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Signature of Parent/Guardian

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Date

**Mail application and all other materials to:**

Health Careers Opportunity Program  
The University of North Carolina at Pembroke  
P.O. Box 1510  
Pembroke, N.C. 28372-1510

www.uncp.edu/hcop  
hcop@uncp.edu  
1-800-249-UNCP  
(910) 521-6590

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