

# HEALTH CAREERS OPPORTUNITY SUMMER ENRICHMENT PROGRAM

## PROGRAM SUMMARY

The Health Careers Opportunity Summer Enrichment Program provides educational enrichment experiences to high school seniors and rising college freshmen who wish to pursue a career in the medical or health related professions. Students with interest in Medicine, Optometry, Dentistry, Veterinary, Osteopathy, Pharmacy, Podiatry, Allied and Public Health may apply. Selected students will spend six weeks at The University of North Carolina at Pembroke. They will receive academic instruction by UNCP faculty in the areas of: English, Physics, Chemistry, Biology, Math, Computer Science, Successful Study Skills, and Communication & Presentation Skills.

\*\*\*\*\*

## SELECTION CRITERIA

- ☞ Must be from an economically and/or educationally disadvantaged background.
- ☞ Must be a rising high school senior or incoming college freshman.
- ☞ Must be a US Citizen.
- ☞ Minimum grade point average of 2.5 on a 4.0 scale.
- ☞ SAT/ACT composite score must meet UNCP admissions requirements.
- ☞ Minimum of 2 years of high school Math (Algebra 1, Algebra II, Geometry).
- ☞ Minimum of 2 years of high school sciences (Physical and Biological Sciences).
- ☞ Minimum of 2 years of high school English.
- ☞ Three letters of recommendation from counselors and science & math teachers.

\*\*\*\*\*

## 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. Submit a copy of your current high school transcript and SAT scores.
3. Provide at least three letters of recommendation from teachers, counselors, or others who can attest to your academic ability and character.
4. Complete a typed essay (approx. 500 words) describing your health career interest and explain why you would like to participate in the Health Careers Opportunity Summer Enrichment Program.
5. ONLY A COMPLETE APPLICATION with ALL supporting documents will be considered.

***APPLICATION DEADLINE - APRIL 30***

# HEALTH CAREERS OPPORTUNITY SUMMER ENRICHMENT PROGRAM APPLICATION

NAME \_\_\_\_\_  
LAST FIRST MI

MAILING ADDRESS: \_\_\_\_\_  
STREET/P.O. BOX

CITY STATE ZIP

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ COUNTY \_\_\_\_\_

GENDER: MALE \_\_\_ FEMALE \_\_\_ DATE OF BIRTH \_\_\_\_\_  
MM/DD/YYYY

U.S. CITIZEN: YES \_\_\_ NO \_\_\_

RACE: CAUCASIAN \_\_\_ AFRICAN AMERICAN \_\_\_ NATIVE AMERICAN \_\_\_  
HISPANIC \_\_\_ OTHER (please specify) \_\_\_\_\_

NAME OF PARENT (S) OR GUARDIAN (S) \_\_\_\_\_

\*\*\*\*\*

## EDUCATIONAL INFORMATION

High School Attended \_\_\_\_\_

Name of Counselor \_\_\_\_\_

Current Grade \_\_\_\_\_ GPA \_\_\_\_\_ SAT or ACT Scores \_\_\_\_\_ Date: \_\_\_\_\_

(If taken more than once, please indicate and list highest score) Y \_\_\_ N \_\_\_ Score: \_\_\_\_\_

Applied for admission to UNCP? YES \_\_\_ NO \_\_\_ If YES; Have you been accepted? Y \_\_\_ N \_\_\_

Health Career/Profession interest? \_\_\_\_\_

Extra-curricular activities (clubs, sports, etc.) \_\_\_\_\_

Academic wards/Achievements: \_\_\_\_\_

\_\_\_\_\_

## 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 high school guidance counselor).

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

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

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

\*\*\*\*\*

## 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? \_\_\_\_\_ (required)

Please check all that apply:

**Father:** Living \_\_\_\_ Deceased \_\_\_\_ : Occupation \_\_\_\_\_  
**Education complete:** High School: \_\_\_\_ Tech School: \_\_\_\_ College: \_\_\_\_ Grad/Prof: \_\_\_\_

**Mother:** Living \_\_\_\_ Deceased \_\_\_\_ : Occupation \_\_\_\_\_  
**Education complete:** High School: \_\_\_\_ Tech School: \_\_\_\_ College: \_\_\_\_ Grad/Prof: \_\_\_\_

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

\*\*\*\*\*

### Career Interest Statement

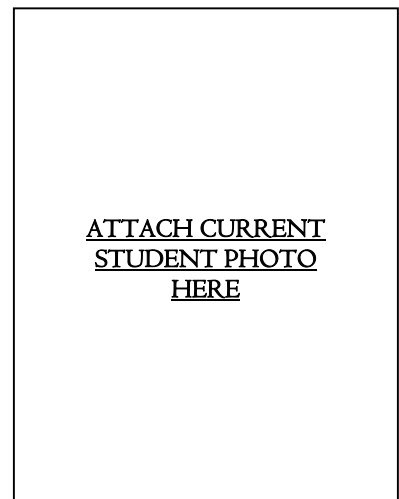
On a separate sheet of paper, please **type** a personal essay describing your background, goals, motivation, and health career interests. Include your reason(s) for applying for the Health Careers Opportunity Summer Enrichment Program. **The essay should be approximately 500 words.**

\*\*\*\*\*

**Please attach a recent photo in the space provided:**

**Photos will not be returned!!**

### **CERTIFICATION AND RELEASE OF INFORMATION**



**(Must be signed by student and parent)**

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, proof of this information will be provided to the Director of HCOP. I realize that this proof may include a copy of my federal or state income tax returns for the past year. I also realize that if I do not provide proof of this information when asked, I will have jeopardized this student's acceptance into the Health Careers Opportunity Summer Enrichment Program.

I also grant representatives from the Health Careers Opportunity Summer Enrichment Program at The University of North Carolina at Pembroke permission to receive and/or review copies of all of my high school and college transcripts, information relating to financial aid applications, and reports regarding my academic progress.

---

Signature of Student

---

Date

---

Signature of Parent/Guardian

---

Date

**Mail this 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@uncp.edu  
1-800-249-UNCP  
(910) 521-6590

\*\*\*\*\*

*The Health Careers Opportunity Summer Enrichment Program is made possible by a grant from the following funding service:*

U.S. Department of Health and Human Services  
Public Health Service  
Health Resources and Services Administration  
Division of Disadvantaged Assistance  
Bureau of Health Professions