



Medical Career Collaborative (MC²)

MC² Application for 2012-2013 Program

Note to Applicants:

Thank you for your application to the MC² program at Children's Hospital Colorado. Please read the following set of directions carefully and make sure to submit your application packet with all sections complete.

You are receiving an application for the Medical Career Collaborative (MC²) based on your academic achievement and interest in science and health care. Please note: applicants must have an academic GPA of at least a 3.0 and be in good standing at her or his school. Preference goes to current sophomores who attend public schools in Denver, Adams, or Arapahoe County, but all sophomore and junior students are welcome to apply.

Because the applications are carefully reviewed by a committee, students should not expect to hear from the MC² program until the end of April via mail. If your address should change before then please notify the MC² office.

For questions about the application process please call 720 777-4072 or email Stacey Whiteside Renz at stacey.renz@childrenscolorado.org

Directions:

- Please write all sections neatly and type the essay section.
- Submit one letter of recommendation from someone NOT in your family.
- Attach an official school transcript (including fall of 2011) to your application. Schools may send the transcript directly to the address below if they do not provide transcripts in a sealed and signed envelope.
- All parts of the application should be submitted together and in the following order 1) written application 2) letter of recommendation 3) short essay section 4) official school transcript (unless the school requires official transcripts to be mailed directly).

Please mail applications to Children's Hospital Colorado MC² Program postmarked by March 12, 2012.

**Children's Hospital Colorado
Medical Career Collaborative (MC²) - Box 105
13123 E 16th Ave
Aurora, CO 80045**

Application Deadline:

All applications must be postmarked by Monday March 12, 2012.

Hand deliveries will be accepted ONLY on Tuesday March 13th at the Children's Hospital Colorado information desk until 4:00PM.

MC² Application for 2011-2012 Program

1. Applicant Information

Applicant's Name: _____ Date of Birth: _____

Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip: _____

Email: _____

School: _____

District: _____

Overall GPA: _____ Weighted: _____ Un-weighted: _____
(Must also include transcript)

What grade are you currently in?

Sophomore Junior

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

MC² exists to increase the diversity and cultural competence of the health care workforce as it builds the next generation of health and medical professionals. We invite all applicants to identify themselves as indicated below. Check all that apply.

- ___ African American
- ___ American Indian/Alaskan Native
- ___ Asian/Pacific Islander
- ___ Caucasian
- ___ Hispanic/Latino/Latina
- ___ Middle Eastern/Arab
- ___ Other (Please Specify) _____

___ Female ___ Male

2. What languages do you speak? Check all that apply and indicate level.

___ **English** first language (fluent) second language (fluent) learning

___ **Spanish** first language (fluent) second language (fluent) learning

___ **Other (specify)** _____
 first language (fluent) second language (fluent) learning

3. Personal References

Please list names and phone numbers of 3 personal references--people that would recommend you for this special honor.

(1) School staff person, (1) adult outside of school, (1) friend/peer

School Staff Person: _____ Phone: _____

Adult Outside of School: _____ Phone: _____

Friend/Peer: _____ Phone: _____

4. List your school/extra curricular activities (high school years only).

5. List your community service activities (high school years only).

6. List your responsibilities at home.

7. MC² is a two year program full of a variety of experiences. One experience is an internship at Children's Hospital Colorado. If you are accepted into the program when would you prefer to complete the internship component?

****PLEASE NOTE SUMMER refers to summer 2013**

Please indicate your first, second and third choice:

___ Fall (10 hours/week, 12 Weeks, September – November 2012)

___ Spring (10 hours/week, 12 Weeks, February - April 2013)

___ Summer (30 hours/week, 5 weeks, June - July 2013)

8. If asked, would you be willing to come to Children's Hospital Colorado for an interview for the MC² program?

___ YES ___NO ___MAYBE

.....

9. Family Information (To be completed by Parent or Guardian)

Funding for the MC² program often requires data on student/family income. Please provide the following information.

- How many people currently reside in your family household?
 - # of adults _____
 - # of children *including* the applicant for this program _____
(child = 18 years old and younger)
- Total annual household income (please include ADC, Child Support, Alimony, Pensions, etc).

___ less than \$10,700 ___\$10,701 - \$16,500 ___\$16,501-\$25,000
___\$25,001 - \$33,000 ___\$33,001 - \$40,000 ___\$40,001 - \$60,000
___\$60,000 - \$80,000 ___\$80,001 - \$100,000 ___ more than \$100,000

- If asked, would you be willing to supply tax documents to validate this information?

___Yes ___No

- How likely is it that your child who is applying to the Medical Career Collaborative will be able to participate fully in the program, doing an internship at Children's Hospital Colorado, attending program field trips each month, and maintaining high academic performance?

___Very Likely ___Somewhat Likely ___ Not Very Likely

Signatures Section:

For Applicants and Parents/Guardians:

I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE QUESTIONS AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date

10. Essay Questions (Students respond)

Type answers to the following questions on separate paper. Indicate the letter of each question when you answer it.

- a)* What are your plans after high school? (2-3 sentences)
- b)* What is your career interest and why? (2-3 sentences)
- c)* Why do you want to participate in this collaborative and what do you expect to get out of it? Why (3 sentences) and What you expect (3 sentences)
- d)* Describe how you think attitude affects a person's life and experiences. (3-5 sentences)
- e)* Describe a challenge you have faced and what you have learned from it. (4-5 sentences)
- f)* Identify an issue facing high school students today and what you think should be done about it. (4-6 sentences)
- g)* Imagine you have been selected for the program and you are working at a nursing station in a critical care unit. A parent comes to you asking what room his child is in and you can tell that he is quite drunk. You nervously tell the parent the room number. For the safety of the child, what would you do next? (3-6 sentences)
- h)* If you could spend one evening with a famous person (dead or alive) who would it be and why? (4-5 sentences)

Directions for Letter of Recommendation

Applicants are instructed to attach one letter of recommendation to their application. The letter should be from an adult outside of his or her family. Recommenders might be a teacher, coach, counselor at school, neighbor, community leader, youth pastor/coordinator, or employer.

The letter should be no longer than one page and include information that gives the selection committee further insight into the applicant.

Students selected into the Medical Career Collaborative at Children's Hospital Colorado are expected to demonstrate a high level of:

- Maturity
- Professionalism
- Academic strength
- Engagement in community and school
- Enthusiasm for learning
- Interest in the health professions

Recommenders are encouraged to include information relevant to any of these areas.

*****Letters should be placed in an envelope, sealed then signed across the back flap by the person writing the letter of recommendation. It should then be given to the student to attach to the application.**

All letters of recommendation must be attached to the application and submitted by the March deadline.

MC² Application Checklist

Reminder: Applicants will be notified if they are or are not accepted by the last week in April via letter through regular mail. Please contact the MC² office if your home address changes.

Please direct any questions to Stacey Whiteside Renz at (720) 777-4072 or Stacey.renz@childrenscolorado.org

Please complete application and place sections in the following order:

- __ Pages 2-5 filled out completely by student and parent/guardian**
- __ One letter of recommendation from someone NOT in your family
(See directions on page 7)**
- __ Short essays from questions on page 6 – TYPED on separate paper.**
- __ School transcript (including fall semester of 2011)
Note: Official transcript only (mailed directly or placed in a sealed and signed envelope).**