



Medical Career Collaborative

MC² Application for 2009-2010

Note to Applicants:

Thank you for your application to the MC² program at The Children's Hospital. 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 the fields of 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 high school 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 regular 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 Renz at renz.stacey@tchden.org.

Directions:

- Write all sections neatly. Type the essay section.
- An official school transcript (including fall of 2008) should be included with the application.
- Submit one letter of recommendation from someone NOT in your family.
- All parts of the application should be submitted together.

Please mail or hand deliver applications to The Children's Hospital Human Resources Office in Aurora. This office is found in the UPI Building on the corner of Colfax and Potomac, NOT inside The New Children's Hospital.

**The Children's Hospital
Medical Career Collaborative
13611 East Colfax Ave, Suite 200
Aurora, CO 80045**

Application Deadline:

All applications are due at the MC² Office by **4:30 PM on Wednesday March 18, 2009**. Applications will not be reviewed until after the March 18th deadline.

MC² Application 2009-2010

1. Applicant Information

Applicant's Name: _____ Date of Birth: _____

Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip: _____

School: _____

District: _____

Overall GPA: _____ Weighted: _____ Un-weighted: _____

(Must also include transcript)

What grade are you currently in?

Sophomore Junior

Email: _____

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.

____ Hispanic/Latino/Latina

____ American Indian/Alaskan Native

____ African American

____ Asian/Pacific Islander

____ Caucasian

____ Other (Please Specify) _____

____ Female ____ Male

2. 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: _____

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

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

5. Are you involved in or pursuing any academic or college prep programs such as the Pre-Collegiate Development Programs (CU or UCD Pre-Collegiate)/ Upward Bound/College Summit/ or AVID?

____ YES

____ NO

If yes which program(s)?

6. If you are accepted into the program when would you like to do an internship?

Please indicate your first, second and third choice:

****PLEASE NOTE SUMMER refers to summer 2010**

___ Fall (10 hours/week, 12 Weeks, September – December 2009)

___ Spring (10 hours/week, 12 Weeks, February - May 2010)

___ Summer (30 hours/week, 5 weeks, June - July 2010)

7. If asked, would you be willing to come to The Children’s Hospital for an interview for the MC² program?

___ YES ___ NO ___ MAYBE

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

- 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

- 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 The Children's Hospital, attending program field trips each month, and maintaining high academic performance?

___ Very Likely ___ Somewhat Likely ___ Not Very Likely

Signature Page:

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

Signature of Parent/Guardian

Date

Application Checklist

Please direct any questions to Stacey at (720) 777-4072 or renz.stacey@tchden.org

___ Pages 1-5 filled out completely by student and parent/guardian

___ Short essays from questions on page 6 – TYPED on separate paper.

___ One letter of recommendation from someone NOT in your family
(See page 7)

___ School transcript (including Fall of 2008)
Note: Official transcript only

Reminder: Applicants will be notified if they are or are not accepted by regular mail by the end of April. Please contact the MC² office if your home address changes.

9. 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 situation where you failed and what you learned from it. Use something *other than* a failed grade on a test/paper/quiz. (4-5 sentences)
- f) Identify one of your strengths and one of your weaknesses and describe a situation that illustrates that strength and that weakness. (5-7 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) Your supervisor has invited you to attend a conference with her. She is required to attend two workshops and you are free to choose two for yourself. Which **two** would you attend and why? (4-5 sentences)
 - 1. A role-play workshop about dealing with patients.
 - 2. A lecture from the top doctor in the field you are studying.
 - 3. An on-line training course about new medical technology.
 - 4. A panel presentation by 4 people representing different points of view on universal health care. Speakers include a Pharmaceutical Company CEO, the leader of the Colorado Coalition for the Homeless, a local pediatrician, and a State Health Department worker.
- i) If you could spend one evening with a famous person (dead or alive) who would it be and why? (1 paragraph)

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 their family (both immediate and extended). 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 The Children's Hospital 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.

All letters of recommendation must be attached to the application and submitted by the March 18th, 2009 deadline.