

# 2011 Della Keats/U-DOC High School Summer Enrichment Program

## UNIVERSITY of ALASKA ANCHORAGE

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**Della Keats/U-DOC Program Dates:** June 19 – July 30, 2011

**Accepting Applications beginning:** December 15, 2010

**Della Keats/U-DOC Application Deadline:** **March 29, 2011**

### Application Checklist:

- Complete application form (*Write clearly or type*)
- Attach essay question responses
- Submit a current high school transcript (*Ask your high school counselor how to obtain your transcript*)
- Submit two (2) completed recommendation forms (*Note: One letter must be from a science or mathematics teacher. For students applying to return to the program for a second summer, one letter must be from their Northstar mentor or from an individual associated with the Northstar program*)
- Include a current photograph of yourself

## APPLICATION FORM

### PERSONAL INFORMATION

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_
2. Social Security Number (REQUIRED): \_\_\_\_\_ 3. Phone #: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_ 5. Message Phone #: \_\_\_\_\_  
*(if different from home phone #)*
6. Address: \_\_\_\_\_  
*Street Address/P.O. Box City State Zip Code*
- Contact Address: \_\_\_\_\_  
*(if different) Street Address/P.O. Box City State Zip Code*
7. Gender: [ ] Female [ ] Male
8. Date of Birth: \_\_\_\_\_ 9. Place of Birth: \_\_\_\_\_
10. Present Age: \_\_\_\_\_ 11. Country of Citizenship: \_\_\_\_\_
12. If not a U.S. citizen, are you a permanent resident? [ ] No [ ] Yes
13. How do you describe yourself? (Information collected for federal reporting purposes only)
- |   |  |
|---|--|
| <input type="checkbox"/> Black/African American               | <input type="checkbox"/> Mainland Puerto Rican |
| <input type="checkbox"/> Asian/Pacific Islander               | <input type="checkbox"/> Other Hispanic        |
| <input type="checkbox"/> Native American (Tribe) _____        | <input type="checkbox"/> White/Caucasian       |
| <input type="checkbox"/> Alaska Native (Please Specify _____) | <input type="checkbox"/> Mexican-American      |
| <input type="checkbox"/> Other (Please Specify _____)         |  |
14. How many brothers and/or sisters do you have? \_\_\_\_\_ What are their ages? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

15. High school presently attending: \_\_\_\_\_ City: \_\_\_\_\_
16. In what grade are you currently enrolled? Junior [ ] Senior [ ] Other \_\_\_\_\_
17. What is the primary language spoken in your home? \_\_\_\_\_
18. Did you study for more than one year in a school where all the classes were given in a language other than English? (i.e. a non-English school in a non-English speaking country) If so, in what year(s) and in what language? \_\_\_\_\_
19. What were your scores on the following tests (if available)? PSAT \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_  
*(Please attach a copy of your scores, if applicable.)*

20. Science and Math Education

List the titles of high school science and math courses you've completed, and list the grades you received in each course.

COURSE	GRADE	COURSE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Do you plan to attend college?     Yes     No  
 For how long?     2 yrs.     4 yrs.     Other: (Specify) \_\_\_\_\_

22. Have you attended any other summer programs?     Yes     No  
 If yes, which program(s) and when? \_\_\_\_\_

23. What are your career choices at the present time?  
 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**ACTIVITIES**

24. A. List extracurricular and sports activities in which you have been involved while attending high school.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. List any honors you have received while attending high school.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. List jobs (paying or volunteer) held during high school, noting dates you worked and the approximate number of hours worked per week (babysitting and yard work may be included).

<u>COMPANY</u>	<u>YOUR TITLE/POSITION</u>	<u>DATES &amp; HOURS/WK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. How did you find out about the Della Keats/U-DOC P program?

27. Have you previously participated in the Della Keats / U-DOC Program or in a similar summer program such as the NIH NIDDK STEP UP program or the UAF RAHI program? If yes, which program(s) and in what year(s)?

## ESSAY QUESTIONS

28. We are interested in why you are seeking a health-care career and how an experience such as the Della Keats/U-DOC Summer Enrichment Program would be of benefit to you. Please provide detailed answers of 150 to 250 words for each of the following questions, **typed or neatly written on separate sheets.**

*New applicants should only answer questions A to E. Question F is only for those students who completed DK/UDOC or a similar program such as RAHI in 2010 and who are applying to join the program as research students in 2011. Research students should complete all six questions.*

- A. Which health-care profession (e.g. nursing, medicine, biomedical research) do you most want to pursue? Briefly highlight the life experiences, talents, and personality traits that make this a good career choice for you.
- B Describe a health problem you have observed in your community. What are some strategies that could be used to combat this problem?
- C. Choose one person you have known who has had a large impact on how you live your life. Describe your experience with that person and how it influenced you.
- D. What has been your greatest accomplishment thus far?
- E. Why are you interested in attending the Della Keats/U-DOC Summer Enrichment Program

For students who completed Della Keats / UDOC or a similar program in 2010 and who are applying to join the 2011 program as research students:

- F. Discuss your interest in health-related research. Is there a particular research topic or research career path that interests you?

FAMILY BACKGROUND

(This Section to Be Completed by Parent or Guardian)

29. Parents' marital status:
[ ] Married [ ] Divorced [ ] Legally Separated [ ] Single Parent [ ] Widowed

30. FATHER MOTHER GUARDIAN

Name: Date of Birth: Place of Birth: Occupation: Education: (Highest Level Completed)

31. Have you or your spouse ever worked in a health-care field? Yes [ ] No [ ]

32. Have any of your children ever gone to college or vocational school?
College: Yes [ ] years No [ ] Vocational school: Yes [ ] years No [ ]

33. How likely is it that your child who is applying to Della Keats/U-DOC or NIDDK STEP-UP will attend college?
Very likely [ ] Somewhat likely [ ] Not very likely [ ]

34. What would prevent your child/children from attending college or vocational school?
Financial situation Other (please explain)

35. Is your son or daughter eligible for the National Free/Reduced Price Lunch program?
Yes - Free Lunch [ ] Yes - Reduced Price Lunch [ ] No [ ]

36. Total annual household income (please include ADC, Child Support, Alimony, Pensions, Dividends, e.g. the Alaskan PFD, etc.):
Family size: (number of Adults ; number of Children: )

37. Do you have health insurance? Yes [ ] No [ ] If yes, type of coverage

IMPORTANT NOTICES

- Participation in the Della Keats/U-DOC Summer Program involves many hours of coursework, seminars, and mentoring experience, and participants live on the UAA campus for the duration of the programs. PARTICIPATION IN OUTSIDE JOBS, SUMMER SCHOOL, OR SUMMER CAMP IS NOT PERMITTED WHILE ATTENDING THESE SIX-WEEK PROGRAMS.
The Della Keats/U-DOC Summer Enrichment Program of the University of Alaska Anchorage reserves the right to remove students from the summer programs at any time for misconduct or non-compliance with policies and procedures.
Special Note: Please be aware job shadows are a major feature of the DK program. To be able to participate in job shadows, an up-to-date shot/immunization record is mandatory. Some shot series require 6 weeks to be complete.

Signature of Applicant: Date:

Signature of Parent/Guardian: Date:

The University of Alaska ensures equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, disabled veteran, or Vietnam era veteran status in accordance with University policy and applicable federal and state statutes and regulations.

This program is sponsored in part by grants provided and/or administered by WWAMI - Alaska's Medical School, the UAA Division of Academic & Multicultural Student Services, and the South Central AHEC.

# Student Recommendation Form

**APPLICANT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

This student has asked you to provide an assessment of his/her suitability as a participant in the demanding six-week Della Keats/U-DOC Summer Program.

*We rely heavily on your recommendation, particularly concerning non-academic characteristics.*

We are interested in students who have previously demonstrated an interest in health careers, such as nursing, medicine, or biomedical research, or who could benefit from learning about such options. We try to admit students who have demonstrated past academic achievement or who are capable of handling a college curriculum in the future, although their high school grades may not presently reflect this.

CHARACTERISTICS	Out-standing	Very Good	Good	Fair	Poor	Unable to Judge
<b>INTELLECTUAL CAPACITY:</b> Ability to comprehend, integrate and work with a large quantity of information						
<b>MOTIVATION (I):</b> Genuineness and depth of commitment to the health care profession						
<b>MATURITY:</b> Personal development, ability to cope with life situations						
<b>INTERPERSONAL RELATIONS:</b> Ability to get along with others, rapport, cooperation, attitude toward supervision						
<b>EMPATHY:</b> Sensitivity to the needs of others, consideration, tactfulness, respect toward individuals who may be ill, disabled or elderly						
<b>EMOTIONAL STABILITY:</b> Performance under pressure, mood stability, constancy in ability to relate to others						
<b>ANALYTICAL SKILLS:</b> Ability to problem solve, correlate and process information, and to think critically						
<b>JUDGMENT:</b> Ability to evaluate a problem involving people, common sense and decisiveness						
<b>RESOURCEFULNESS:</b> Ability to discover new resources and to manage new and already present resources skillfully						
<b>RELIABILITY:</b> Dependability, sense of responsibility, promptness, conscientiousness						
<b>LEADERSHIP:</b> Ability to initiate, lead and/or supervise others						
<b>COMMUNICATION SKILLS (I):</b> Verbal skills, clarity of expression, articulateness						
<b>COMMUNICATION SKILLS (II):</b> Clarity and conciseness of written expression						
<b>PERSEVERANCE:</b> Stamina, endurance						
<b>INTEGRITY:</b> Honesty, trustworthiness, uprightness, probity						
<b>CREATIVITY:</b> Ability to generate new and novel ideas, or approaches to problems						
<b>MOTIVATION (II):</b> This student is interested in: <i>(circle all that apply)</i>	Nursing	Medicine	Medical Research	Other: _____ _____		Health Professions in General
<b>OVERALL RECOMMENDATION:</b>	This applicant receives my highest recommendation without reservation		I recommend this applicant with confidence	I recommend this applicant with reservations		I do not recommend this applicant for admission

**STUDENT'S STRENGTHS AS YOU SEE THEM:** \_\_\_\_\_

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**STUDENT’S WEAKNESSES AS YOU SEE THEM** (“none apparent” is an acceptable answer):

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**IF ACCEPTED INTO DELLA KEATS/U-DOC**, the student may live and/or travel away from home with other participants. Please discuss whether you feel this student is capable of handling this level of responsibility in the areas of personal conduct, time management and self-discipline.

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**SUMMARY EVALUATION:** (Please provide your overall impression of student and describe, according to factors of which you are aware, how this student meets the eligibility criterion of being disadvantaged.)

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\_\_\_\_\_  
*Evaluator’s Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Position/Department*

\_\_\_\_\_  
*Address*

(     )  
\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*City      State      Zip Code*

**Please mail completed recommendation form to:**  
University of Alaska Anchorage  
WWAMI Biomedical Program  
ATTN: U-DOC Program  
Engineering 333  
3211 Providence Drive  
Anchorage, Alaska 99508

**- OR - Seal completed form in envelope and sign across the seal; give to student for inclusion with application packet.**