Office of Diversity and Inclusion
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

SASC HEALTH

(MENTORSHIP, NETWORKING AND LEADERSHIP PROGRAM)

APPLICATION PACKET

MENTORSHIP, NETWORKING AND LEADERSHIP PROGRAM

HELPING TO SUPPORT OTHERS

SPRING AND SUMMER 2013
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
OFFICE OF DIVERSITY AND INCLUSION

SASC HEALTH
UCD AMC - Office of Diversity & Inclusion and Kaiser Permanente
13120 E. 19th Avenue Box A-049
Aurora, Colorado 80045
Olga Chesnokova, chesnokova.oc@gmail.com
Dominic Martinez, Dominic.Martinez@ucdenver.edu

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PROGRAM INFORMATION

Purpose of SASC HEALTH:

University of Colorado Denver - Anschutz Medical Campus – Office of Diversity and Inclusion has partnered with the SASC Pre-Health Program to create a pipeline for first-generation, low-income, underrepresented students at CU Boulder. This program promotes admission of students into a professional program offered on the medical campus. The goal of this partnership is to complete the pipeline many of these students started, such as participation with the Pre-Collegiate Development Program leading to the McNeil Academic Program at CU Boulder. Both organizations are committed to helping increase the number of historically underrepresented individuals within healthcare professions for the purpose of reducing health disparities among underserved communities in Colorado.

Program:

Students will participate in a Mentorship, Networking and Leadership program on the University of Colorado Boulder Campus and the University of Colorado Anschutz Medical Campus. Participants will meet all health professional schools for introductions and will be given valuable information from working in the profession to application help. One of the most beneficial portions of the program is meeting faculty and staff from each school, many of whom serve on the admission committee from their respective schools.

In addition students will be introduced to topics, which will include health disparities in the underserved communities and cultural competency in healthcare. They will also be taught skills in working with Diverse Middle School students. Students will also work on projects/presentations, which will ultimately be used during the 1-week Skinner Middle School SAFE Program on the Anschutz Medical Campus.

Schedule: Dates to put on your schedule

Saturday Workshop (Training to Teach Middle School Students)
April 6, 2013:10:00am – 2:00pm (CU Boulder Campus)
April 13, 2013:10:00am – 2:00pm (CU Boulder Campus)
April 20, 2013:10:00am – 2:00pm (CU Boulder Campus)

Kaplan Prep Lecture:
April 27, 2013: 8:00am – 2:00pm (Anschutz Medical Campus: Education 2 North Tower room 1202)

Summer Networking Week: (10:00am – 2:00pm each day)

July 16-19, 2013: Anschutz Medical Campus

Skinner Middle School Mentorship Week: (8:00am – 4:00pm each day)

July 22-26, 2013: Anschutz Medical Campus

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ELGIBILITY

Eligibility:
Students are selected on the basis of academic and professional achievement, and an interest in the Healthcare professions. We encourage students from underrepresented groups or categories (first generation college attendee, low income/financial need, or ethnic identity such as African American, Hispanic, American Indian or Asian American) to apply.

Application Requirements:

- Connected to the SASC-Pre-Health Program
- Minimum GPA of 2.5 GPA
- 1 completed recommendation forms
- Current transcript (copy acceptable)
- Interview

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PERSONAL INFORMATION

Name:

First Name	Last Name	Middle Initial
Previous Name if applicable (maiden)		

Contact Information:

Phone Number	Cell Phone Number	E-mail Address

Current Mailing Address:

Street Address	Apartment #	P.O. Box
City	State	Zip

Permanent (family) Mailing Address:

Street Address	Apartment #	P.O. Box
City	State	Zip

Additional Contact Information:

The purpose of this section is to have the contact information of someone who can reach you in the event that we are unable to contact you through the personal contact information you provided. (Parent, Spouse, Partner, Friend, Relative, etc.)

Name	Relationship	
Home Number	Alternate Number	E-mail Address

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PERSONAL INFORMATION (CONTINUED)

School Information:

University/College	Major	
Current Cumulative G.P.A.	Year in school	Intended Graduation Date
Areas of special interest in Health Care Professions		
Please list all science, health experience, and all certifications		

Group Information: *(Optional)*
Completion of this section is strictly voluntary on your part and refusal to provide this information will not subject you to being denied into the program, or unfair treatment. Your cooperation will enable us to track populations served through UPP. The information on this form will be treated in a confidential manner.

☐ African American ☐ Alaska Native ☐ Asian ☐ Black

☐ Hispanic/Latino ☐ Native American ☐ Native Hawaiian/Pacific Islander

☐ Middle- Eastern ☐ White ☐ Other (specify):

☐ Low-Income ☐ First Generation (Born in the U.S.; the first generation in your family to attend a four-year college or university where neither parent graduated from a four-year institution of higher education in the U.S.)

☐ Person with a Disability ☐ LGBTI ☐ U.S. Veteran

Second Language Proficiency (specify)

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COMMUNITY SERVICE, WORK EXPERIENCE, AND HONORS & AWARDS

Community Service:
Provide date(s) and a description of your volunteer activities/community service during the past 2 years. Include the full name of the organization(s), a contact name and phone number.

Community Service Activity 1:	**Weekly Time Commitment** (in hours)
Description:	
Contact Name:	**Contact Phone:**

Community Service Activity 2:	**Weekly Time Commitment** (in hours)
Description:	
Contact Name:	**Contact Phone:**

Work Experience:
Provide date(s) and a description of your work experience during the past 2 years. Include the full name of the organization(s), a contact name and phone number.

Previous (or current)Employer 1:	**Weekly Time Commitment** (in hours)
Description:	
Contact Name:	**Contact Phone:**

Previous Employer 2:	**Weekly Time Commitment** (in hours)
Description:	
Contact Name:	**Contact Phone:**

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COMMUNITY SERVICE, WORK EXPERIENCE, AND HONORS & AWARDS

Honors:
Provide dates and a description of honors/awards you have received within the past two years. Include the full name of the organization providing the honor or award. Honors and awards may include community organization recognition, academic honors, scholarships received.

Honor or Award 1:	**Date(s):**
Organization:	
Description:	

Honor or Award 2:	**Date(s):**
Organization:	
Description:	

Honor or Award 3:	**Date(s):**
Organization:	
Description:	

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RECOMMENDATIONS

Please print out this form and give this to your recommender. Your recommender will complete this form and return it to you.
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Recommendation Form

Printed Name:	**Title:**
Organization:	**Contact Phone:**
Signature:	**Date:**

Instructions for SASC H.E.A.L.T.H. Recommendation Form

Thank you for agreeing to provide a recommendation for a SASC H.E.A.L.T.H. applicant. Please answer the following questions based solely on your interaction with the applicant.

According to the following scale, please rate the applicant's characteristics by placing a circle around the rating:

Rating Scale

1	2	3	4	5
Extraordinary	**Good**	**Average**	**Fair**	**Below Average**

Maturity/Independence	1	2	3	4	5
Relationships	1	2	3	4	5
Enthusiasm/Initiative	1	2	3	4	5
Analytical Skills	1	2	3	4	5
Ethics/Integrity	1	2	3	4	5
Leadership Qualities	1	2	3	4	5
Overall Rating	1	2	3	4	5

Please provide a typed letter or use the space below to addresses the following:

- In what capacity and for how long have you known the applicant?

- Please provide two or three examples of work the applicant does that sets them apart from the others.

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SIGNATURE PAGE

Please return this application to Sophie Low (including signature page), 1 recommendation forms, and a copy of your transcript to us by:

March 20, 2013 by 5:00pm

PLEASE NOTE: The SASC HEALTH application and all required documents must be submitted as a COMPLETE PACKET! Turn in applications to:

Sophie Low
Fleming 141
UCB 109
University of Colorado, Boulder
Boulder, CO 80309

By signing below, I am validating that all the information provided in this application packet is true and complete to the best of my knowledge. If asked by the SASC HEALTH Committee, I agree to give proof of the information that I have provided on this application.

Signature of Applicant **Date**

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