



2019 MedStart Camp - Program Application

MedStart Summer Program Description

WHO: Current sophomores or juniors from a Montana high school. Homeschooled or GED students are eligible as well. Students may be no older than 18. Students may apply for a second year of MedStart, but may not attend camp at the same campus two years in a row.

WHAT: MedStart Summer Camp is a 5-day summer camp program sponsored by the Montana AHEC (Area Health Education Center) system. The program is designed to encourage sophomore and junior high school students to pursue their interest in a variety of healthcare careers. Montana AHEC focuses on accepting students from low-income families, rural areas, under-represented minorities, or those who will be first in their family to attend college. The aim of MedStart is to provide students a chance to further explore healthcare careers, learn about college life, and realize it is possible to pursue higher education.

WHERE: 5 Camp Locations Available – Missoula (June 9 - June 13); Great Falls (June 16 - June 20); Billings (June 23 - June 27); Butte (July 7 - July 11); Miles City (July 14 - July 18)

COST: Cost to attend MedStart is \$500/student. MedStart tuition fees cover room & board, meals, transportation to events, all included activities, scrubs, and student materials.

SCHOLARSHIPS: Multiple scholarships are available based on need and/or merit; see page 5. Scholarship priority will be given to first year MedStart applicants.

COLLEGE CREDIT: Students completing the MedStart Camp at any of the five camps are eligible for one college credit from Montana Tech of the University of Montana. More information will be available upon acceptance.

IMMUNIZATION NOTE: Students accepted into the MedStart Camps are required to provide proof of health insurance and up-to-date vaccinations as well as a tuberculosis test in order to be allowed to participate in the activities at healthcare facilities. Montana AHEC is not an affiliate of the Montana Office of Public Instruction, and therefore, does not recognize Montana Immunization Exemption Form 20-5-401. In order for your child to participate in activities at MedStart, current immunization records and negative results of a TB test (within the last year) are required.

APPLICATION: For your application to be considered, please mail in the following:

- Application Form (pages 2-5)
- Financial Aid & Scholarship Form (pages 6)
- One Completed Teacher Recommendation Form (pages 7-8)

Applications must be postmarked by March 15, 2019 to be considered.

Notification of camp acceptance and scholarship awards will be announced April 19, 2019. Students will receive a packet to complete and submit with payment in full by May 24, 2019

Please direct questions to and mail application to:

2019 MedStart Camp – Attn: Montana AHEC
2625 Winne Ave.
Helena, MT 59601
(406) 457-8048





2019 MedStart Application Form

PERSONAL INFORMATION **Attach additional pages as needed, include your name on each page**

1. Last name: _____ First: _____ M. initial: _____

2. Mailing address: _____
Town State Zip code

3. Home Phone: _____ Student Cell Phone: _____

_____ (Parent Signature) I give permission for a MedStart Program Coordinator to send my child texts.

4. Student E-mail: _____
(Please provide valid, legible, email addresses that will be checked regularly. This will be the method of communication from the MedStart staff.)

5. Student Summer e-mail (if different from above): _____

6. Parent/Guardian Email (with whom you reside most): _____

7. Gender: _____

8. Birth date: _____

9. Current age: _____ 10. What grade are you in currently? [] 10th [] 11th

11. Do you describe yourself as?
- Hispanic/Latino
 - American Indian/Alaskan Native (Please list Tribe(s)): _____
 - Asian
 - Black/African American
 - Native Hawaiian/Pacific Islander
 - Other (Please specify): _____

12. Demographics – (Check all that apply):
Information used for grant reporting and scholarship need only
- Have you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid, special loan/scholarship for disadvantaged students, etc.)
 - Do you live in a rural MT community with a population of 10,000 or less?
(Missoula, Billings, Great Falls, Butte, Bozeman, Helena and Kalispell are considered urban cities)
 - Are you the first generation in your family to attend college?

Parent or Guardian #1 Education Level:
(Check highest level completed)

- [] Grade School
- [] High School
- [] College
- [] Other

Parent or Guardian #2 Education Level:
(Check highest level completed)

- [] Grade School
- [] High School
- [] College
- [] Other

13. Contact Information. Please respond according to the parent(s)/guardian(s) with whom you live with most:

Parent or Guardian Name: _____

Phone: _____ Email: _____

(Optional) #2 Parent or Guardian Name: _____

Phone: _____ Email: _____

14. Current High School: _____ City: _____

15. Name of Guidance Counselor: _____ School Phone: _____

16. Do you plan to attend college?

YES: [] 2 yrs. [] 4 yrs. [] Other: _____

NO: Other post-graduation plans: _____

17. How interested in a healthcare career are you? (Circle one) **Not at all** **Somewhat** **Very**

18. How likely are you to pursue education in a healthcare field? (Circle one) **Not at all** **Somewhat** **Very**

19. Please list, in order of preference, your top areas of career interest. (i.e.: physician, radiologic technician, nurse, etc....)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

20. Please list community service and/or volunteer activities you have participated in during high school.

21. Please list extracurricular activities (music, church, sports, etc.) in which you have been involved.

22. Please list any honors you have received while attending high school.

23. Please list any job experience while attending high school.

24. Have you applied to MedStart before? (Circle one) **Yes No**
 Have you attended MedStart before? **Yes No** If Yes, what location: _____

25. In which of the following have you participated:

- Expand Your Horizons: STEM for Girls Conference (Kalispell, Bozeman, Missoula)
- STEM Saturday (Billings)
- Heads Up Camp: Behavioral Health Careers Camp. What location: _____
- REACH (Research & Explore Awesome Careers in Healthcare) at your local hospital
- Hospital internship program (credit or non-credit). What program/location: _____
- Montana HOSA: Future Health Professionals

26. How did you hear about MedStart? (Please check all that apply)

- School (counselor, teacher, etc.)
- Online (where?): _____
- AHEC
- Hospital: _____
- Flyer/Poster
- Other: _____

27. Five MedStart programs will be offered in the summer of 2019.

Based on your availability, interests, and preference, please rank the following five camp locations 1-5, with #1 being your first choice. Each MedStart runs until noon on Thursday. Students will be supervised until that designated time.

- _____ Missoula: University of Montana (UM) – **June 9 – June 13**
- _____ Great Falls: University of Providence (Great Falls)/Great Falls College (MSU) – **June 16 – June 20**
- _____ Billings: Montana State University Billings (MSUB) – **June 23 – June 27**
- _____ Butte: Montana Tech (MTECH) – **July 7 – July 11**
- _____ Miles City: Miles Community College (MCC) – **July 14 – July 18**

28. Are you committed to any other summer programs that may overlap and/or conflict with MedStart Camp? **YES NO**

If yes, what dates conflict? _____

29. By signing below, I _____ (parent/guardian) of _____ (student applicant) am aware that my student is applying to MedStart Camp for the 2019 summer session.

 Parent/Guardian Signature

 Date

ESSAY QUESTIONS - PLEASE PROVIDE DETAILED ANSWERS. If needed, feel free to use additional sheets of paper.

A. What interests you about the healthcare field? Have you had any personal experiences with the healthcare field?

B. Why are you interested in attending MedStart and how do you feel it could contribute to your career plans?

C. What opportunities have you had to learn about health professions? What barriers to learning about health professions have you experienced?

D. Do you believe there are interesting healthcare careers available in your community? If so, would you consider pursuing a healthcare career in your home town/region?

Financial Aid Information & Scholarship Application

Please note: Cost to attend MedStart Camp is \$500. Complete boxes 1-4 to be considered for a scholarship. Montana AHECs & sponsors do not discriminate based on information provided. However, preference for scholarships is given to underrepresented students, including those from: rural communities; low-income; racial, ethnic, or cultural minorities; first generation college students.

I will pay the full tuition amount of \$500 and will remit payment upon acceptance to MedStart.
(No need to complete the rest of page 6)

I have completed the boxes below and would like to be considered for a scholarship

1. GEAR-UP SCHOLARSHIP Scholarship Amount: Full Tuition + Travel Stipend (25 available)

Who is Eligible?

Check here if you are a student from one of these GEAR-UP high schools and wish to receive one of 25 scholarships:

- St. Regis	- St. Ignatius	- Arlee	- Hardin	- Troy
- Browning	- Heart Butte	- Plenty Coups	- Lincoln County HS	- Libby
- Box Elder	- Rocky Boy	- Harlem	- Lincoln HS	- Pryor
- Lame Deer	- Lodge Grass	- Wolf Point	- Thompson Falls	

2. CVS WORKFORCE INITIATIVES HOSA SCHOLARSHIP Scholarship Amount: Full Tuition (4 available)

Check here if you are an affiliated MT HOSA Member and would like to be considered for 1 of 4 scholarships.

3. JOBS FOR MONTANA (JMG) MERIT SCHOLARSHIP Scholarship Amount: Full Tuition (3 available)

Check here if you are a current JMG student and would like to be considered for 1 of 3 scholarships.

4. AHEC SCHOLARSHIP Scholarship Amounts: One quarter (1/4) to Full Tuition

Who is Eligible?

Students who meet any of the following criteria may be eligible for **one or more partial** scholarships. A scholarship equal to one quarter of the full tuition may be awarded for **each** of the following criteria. Please place a check beside **ALL** criteria that you meet and wish to receive a scholarship for:

A. Have you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid, special loan/scholarship for disadvantaged students, etc.)

B. You marked any of the groups listed in #11, page 2

C. Do you live in a rural MT community with a population of 10,000 or less?
(Missoula, Billings, Great Falls, Butte, Bozeman, Helena and Kalispell are considered urban cities)

D. Will you be the first generation in your family to attend college?

Parent or Guardian #1 Education Level: (Check highest level completed)	Parent or Guardian #2 Education Level: (Check highest level completed)
<input type="checkbox"/> Grade School	<input type="checkbox"/> Grade School
<input type="checkbox"/> High School	<input type="checkbox"/> High School
<input type="checkbox"/> College	<input type="checkbox"/> College
<input type="checkbox"/> Other	<input type="checkbox"/> Other

MEDSTART TEACHER RECOMMENDATION FORM

Please return this evaluation in a sealed envelope to the student. ****Do Not Mail Separately****

APPLICANT NAME: _____ SCHOOL: _____

This student has asked you to provide an assessment of his/her suitability as a participant in the one-week MedStart summer program. The program is open to current sophomores and juniors (students who will be juniors and seniors in the fall of 2019). 150 students will be accepted statewide. Students may also be eligible for merit scholarships to cover their tuition costs based on academics, interest and motivation.

We are interested in mature, responsible, and motivated students who have:

- Previously demonstrated an interest in health careers (or could benefit from learning about such options)
- Demonstrated past academic achievement, or whom you feel are academically promising but whose grades may not currently reflect this.

Students who meet one or more of the following criteria are strongly encouraged to apply:

- Under-represented minority
- From a rural area
- Economically disadvantaged
- From a family in which neither parents are college graduates

Please evaluate the applicant in the following areas:

	LOWEST				HIGHEST
LEADERSHIP SKILLS -Problem solving, ability to see alternatives, etc.	1	2	3	4	5
MOTIVATION -Desire to achieve academically, self-initiative	1	2	3	4	5
VERBAL SKILLS AND EXPRESSION -Clarity and coherence	1	2	3	4	5
INTERPERSONAL CONTACT -Openness, ability to relate effectively to others	1	2	3	4	5
RESPONSIBILITY	1	2	3	4	5
MATURITY	1	2	3	4	5
ACADEMIC ACHIEVEMENT	1	2	3	4	5
ACADEMIC POTENTIAL	1	2	3	4	5

STUDENT'S STRENGTHS AS YOU SEE THEM:

STUDENT'S WEAKNESSES AS YOU SEE THEM:

WHY WOULD THIS STUDENT BENEFIT FROM A SUMMER PROGRAM LIKE MEDSTART?

SUMMARY EVALUATION (overall impression of student and comments which may be helpful):
Please use this sheet or attach a separate letter.

Signature, Date Evaluator's

School (or other organization) Department/Position

E-mail

Phone

The deadline for MedStart Applications is March 15, 2019, so please return this form to the student in a sealed envelope prior to this date.

****Do Not Mail Separately****

The student will return this with other application materials.

Your time is much appreciated!
Thank you!