

CASCADES EAST AHEC MEDSTARS

CASCADES EAST AREA HEALTH EDUCATION CENTER | ST.CHARLES MEDICAL CENTER

APPLICATION

In 2019, there are TWO sessions of MedStars.

Students may apply to either or both sessions- but may only attend one.

Please indicate the session to which you are applying:

_____ June 23-28

_____ July 14-19

_____ I am flexible- consider my application for BOTH sessions.

APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST): _____

GENDER IDENTIFICATION (CIRCLE ONE): FEMALE MALE

DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

(PROGRAM ACCEPTANCE LETTERS WILL BE SENT TO THIS EMAIL ADDRESS. AN INVALID EMAIL WILL DISQUALIFY YOUR APPLICATION)

ETHNICITY (PLEASE CHECK ALL THAT APPLY):

- | | |
|---|---|
| <input type="radio"/> AMERICAN INDIAN/ ALASKAN NATIVE | <input type="radio"/> NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER |
| <input type="radio"/> ASIAN | <input type="radio"/> WHITE/CAUCASIAN |
| <input type="radio"/> BLACK/AFRICAN AMERICAN | <input type="radio"/> OTHER (PLEASE SPECIFY): _____ |
| <input type="radio"/> HISPANIC/LATINO | |

EDUCATION

SCHOOL NAME: _____

ADDRESS OF SCHOOL: _____

EXPECTED HIGH SCHOOL GRADUATION YEAR _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

NAME: _____

PHONE: _____ E-MAIL: _____

HIGHEST EDUCATION LEVEL: ELEMENTARY EDUCATION HIGH SCHOOL EDUCATION COLLEGE EDUCATION

Parent/Guardian #2

NAME: _____

PHONE: _____ E-MAIL: _____

HIGHEST EDUCATION LEVEL: ELEMENTARY EDUCATION HIGH SCHOOL EDUCATION COLLEGE EDUCATION

ANNUAL HOUSEHOLD INCOME RANGE (PLEASE CHECK ONE):

LESS THAN 20,000 20,000 – 30,000 30,000 – 40,000 40,000 - 50,000 MORE THAN 50,000

HOUSEHOLD COUNT (INCLUDING YOURSELF, HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD): _____

RECOMMENDATION FORM [\(there is a link to this form on our website\)](#)

PLEASE PROVIDE A COMPLETED RECOMMENDATION FROM ONE INDIVIDUAL WHO CAN SPEAK TO YOUR POTENTIAL AS A HEALTH CARE PROFESSIONAL. WE DO NOT ACCEPT RECOMMENDATIONS WRITTEN BY FAMILY MEMBERS. YOUR LETTER COULD BE FROM ANY ONE OF THE FOLLOWING:

- TEACHER
- HEALTH PROFESSIONAL
- SCHOOL COUNSELOR/ADMINISTRATOR
- COMMUNITY LEADER

FURTHER INSTRUCTIONS FOR THE LETTER WRITER CAN BE FOUND ON THE RECOMMENDATION FORM. PLEASE COMPLETE THE STUDENT SECTION OF THE RECOMMENDATION FORM BEFORE HANDING THE FORM TO YOUR LETTER WRITER.

RESUME

PLEASE ATTACH A ONE PAGE RESUME THAT INCLUDES YOUR WORK EXPERIENCE, LEADERSHIP POSITIONS, MEANINGFUL EXTRACURRICULAR ACTIVITIES AND ANY VOLUNTEERING EXPERIENCES.

ESSAY QUESTIONS

PLEASE ATTACH YOUR RESPONSES TO THE FOLLOWING QUESTIONS. PLEASE LIMIT YOUR RESPONSES TO ONE PAGE PER QUESTION.

1. WHY ARE YOU INTERESTED IN A HEALTH CARE CAREER?
2. PLEASE SHARE YOUR EDUCATIONAL GOALS AFTER HIGH SCHOOL.
3. TELL US ABOUT YOURSELF. WHY SHOULD WE CHOOSE YOU FOR CEAHEC MEDSTARS?

SIGNATURE

A COMPLETED APPLICATION WILL INCLUDE A **COMPLETED APPLICATION FORM** WITH **ATTACHED RESUME** AND **ESSAY RESPONSE**. THE RECOMMENDATION FORM SHOULD BE SENT DIRECTLY TO THE CEAHEC OFFICE. SEE THE FORM FOR DETAILS.

STUDENT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

STUDENT'S NAME (PRINT)

PARENT/GUARDIAN'S NAME (PRINT)

DATE

DATE

YOU CAN ALSO MAIL COMPLETED APPLICATIONS TO:

COMPLETED APPLICATIONS CAN BE ELECTRONICALLY SENT TO:

JHUANG@STCHARLESHEALTHCARE.ORG

APPLICATIONS ARE DUE BY MARCH 22, 2019

**JENNY HUANG
EDUCATION / AHEC
ST. CHARLES MEDICAL CENTER
2500 NE NEFF ROAD
BEND, OREGON 97701**