

U-DOC High School Summer Program
University of Washington School of Medicine Office of Multicultural Affairs,
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The U-DOC residential four-week summer enrichment program seeks to foster, affirm, and encourage high school sophomores and juniors interested in health careers at no cost. Students will be exposed to clinical, academic, community service activities and much more! To learn more about the UDOC program, please visit www.myomca.org.

Eligibility:

- Be a US Citizen or hold a permanent resident visa.
- By summer have recently completed your sophomore and junior year of high school.
- Demonstrate an interest in medicine or dentistry.
- Come from a disadvantaged backgrounds (economic, geographic, education) and/or students who are underrepresented in medicine.

Check list:

- Apply online by Monday, March 2, 2009 at <http://depts.washington.edu/omca/leadership/UDOC.html>
- ***Online application is required. UDOC office will accept paper application from Students who have no access to the internet. Paper applications need to be postmarked by March 2nd.**
- A current high school official seal transcript. (Ask your counselor how to obtain yours.)
- Print two (2) completed recommendation forms from a Science Teacher, Academic Advisor, Employer, Volunteer supervisor or Mentor who know your goals becoming a health professional.
- Gather sealed transcript, recommendation forms into one envelope and mail to the above address.

APPLICATION FORM

PERSONAL INFORMATION

1. Last Name: _____ First: _____ M.I. _____
2. Social Security Number (**REQUIRED**): _____ 3. Phone Number: _____
- Email address: _____
4. Address: _____

City
State
Zip Code
5. County: _____ 6. Gender: Female Male
7. Birthdate: _____ 8. Birthplace: _____
9. Present Age: _____ 10. Citizenship: _____
11. If not a U.S. citizen, are you a permanent resident? No Yes
12. How do you describe yourself? (For Federal reporting purposes only)
 - Black/African American Mainland Puerto Rican
 - Asian/Pacific Islander Other Hispanic
 - Native American/ Tribe: _____ White/Caucasian
 - Mexican-American Other: (Specify) _____

13. How many brothers and sisters do you have? _____ Ages: _____

EDUCATIONAL BACKGROUND

14. High School presently attending: _____ City: _____

15. Current high school grade: Sophomore _____ Junior _____

16. Do you speak any languages other than English fluently? _____

17. Science and Math Education: List the titles and grades received for science and math courses taken in high school.

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

18. Do you plan to attend college? Yes No
 2 yrs. 4 yrs. Other: (Specify) _____

19. Have you attended any other summer programs? Yes No
If yes, which one/s and when? _____

20. What are your career choices at the present time?
A. _____ B. _____ C. _____

ACTIVITIES

21. 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.

_____	_____
_____	_____
_____	_____

22. List jobs (paying or volunteer) held during high school, noting dates and approximate hours per week (babysitting and yardwork may be included).

COMPANY	YOUR TITLE/POSITION	DATES; HOURS/WK
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. How did you find out about the U-DOC program?

ESSAY QUESTIONS

24. We are interested in why you are seeking a health career and how an experience such as the U-DOC summer program can be of benefit to you. Please provide detailed answers for the following questions. For the following essay questions, separate piece of paper is acceptable.

A. Which health profession do you want to pursue? What about your life experiences, your talents, your personality—the things that make you uniquely you—make this a good career choice? (150-250 words)

B. Describe a health problem you've observed in your community. What are some strategies that could be used to combat this problem? (150-250 words)

C. Choose one person you've known who has had a large impact on how you live your life. Describe your experience with that person and how it influenced you. (150-250 words)

D. The U-DOC Summer Program is intended for students who are somehow disadvantaged. Describe, if any, what barriers or circumstances you face that would keep you from attending college or completing a college degree. (150-250 words)

FAMILY BACKGROUND (To Be Completed by Parent or Guardian)

25. Parents' marital status:

Married Divorced Legally Separated Single Parent Widowed

26. FATHER MOTHER GUARDIAN

Name: _____ Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____ Date of Birth: _____

Occupation: _____ Occupation: _____ Occupation: _____

Education: _____ Education: _____ Education: _____
(Level Completed) (Level Completed) (Level Completed)

27. Have you or your spouse ever worked in a Health Care field? Yes _____ No _____

28. How many people currently reside in family household? # of Adults _____ # of Children _____

29. Have any of your children ever gone to college or vocational school?

College Yes ___ yrs. No _____ Vocational School Yes ___ yrs. No _____

30. How likely is it for your child who is applying to U-DOC to attend college?

Very Likely _____ Somewhat Likely _____ Not Very Likely _____

31. What would prevent your children from attending college or vocational school?

Financial Situation _____ Other (specify) _____

32. Is your son or daughter eligible for the National Free/Reduced Price Lunch program?

Yes, Free Lunch _____ Yes, Reduced Price Lunch _____ No _____

33. Total annual household income (please include ADC, Child Support, Alimony, Pensions, etc.)

_____ less than \$10,000 _____ \$10,001-\$15,000 _____ \$15,001-\$20,000 _____ \$20,001-\$25,000
_____ \$25,001-\$30,000 _____ \$30,001-\$35,000 _____ \$35,001 and above

Family Size: _____

34. Do you have Health Insurance? Type of Coverage _____

IMPORTANT:

PARTICIPATION IN THE U-DOC SUMMER PROGRAM INVOLVES MANY HOURS FOR COURSEWORK, SEMINARS AND THE MENTORING EXPERIENCE. **OUTSIDE JOBS, SUMMER SCHOOL, OR SUMMER CAMP IS NOT RECOMMENDED.**

WHEN ACCEPTED INTO THE UDOC PROGRAM WILL REQUIRE PROOF OF IMMUNIZATIONS, HEALTH CARE INSURANCE, IF PEMNMANT RESIDENT NEED A COPY OF ID CARD, AND OTHER ADMISSION FORMS.

THE U-DOC PROGRAM OF THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE RESERVES THE RIGHT TO REMOVE STUDENTS FROM THE SUMMER PROGRAM AT ANY TIME FOR MISCONDUCT OR NON-COMPLIANCE WITH POLICIES AND PROCEDURES.

I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE GUIDELINES AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

The University of Washington 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.