

Rady Children’s Hospital-San Diego

2016 Summer Medical Academy Application

APPLICATION INSTRUCTIONS

Students who will be between 15 and 19 years of age in July 2016 are eligible. The application is in two parts – this form and a Teacher Recommendation Form – and must be typed or printed neatly and legibly. **Use black or blue ink only. All applications must be postmarked by February 29, 2016. Acceptance letters will be sent by March 18. Payment in the amount of $1975\* must be made no later than May 1st, 2016.** If financial assistance is required for you to be able to attend, please note it below, and complete the attached scholarship application, returning it along with the primary application.Payment instructions will be included in acceptance letters. All applications must be submitted with a **non-refundable $25 processing** **fee** (payable to “Rady Children’s Hospital-San Diego”). Mail to: MC 5073, 3020 Children’s Way, San Diego, CA 92123-4282. Incomplete and late applications will not be considered. Additional information can be found at: [www.helpsdkids.org/summermedicalacademy](http://www.helpsdkids.org/summermedicalacademy). Please e-mail [RCHSummerMedicalAcademy@rchsd.org](mailto:RCHSummerMedicalAcademy@rchsd.org) with questions.

**\*** A portion of your tuition payment is tax deductible, and will support FACES for the Future San Diego. You will receive further information regarding payment with your acceptance packet. Specific information will be requested at that time (dietary needs, allergy alerts, etc.).

PART A: STUDENT INFORMATION

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_ Current Unweighted GPA:\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: Male Female

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone (Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student phone (Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you require financial assistance to be able to participate? \_\_\_\_\_No \_\_\_\_\_\_Yes

PART B: ESSAYs

1. Describe in 300 words or less your expectations of the Summer Medical Academy – why do you want to attend, and what do you expect to gain from it.
2. Describe in 300 words or less your thoughts about a career in health care – if this is your passion, why? What about healthcare draws you? (You are not limited to these questions.)

PART C: BACKGROUND INFORMATION

1. Please provide a resume or brief listing of your extracurricular, volunteer, and/or employment experiences (including roles, responsibilities and length of time of commitment), as well as any awards or honors that you have received during high school.
2. Please provide a copy of your most current academic transcript (unofficial copies are acceptable).

PART D: ACKNOWLEDGEMENT

I have read and understand the information about the Rady Children’s Hospital-San Diego Summer Medical Academy being held from July 11th-July 22nd, 2016. In submitting my application, I commit to meeting the expectations of the program including availability, effort and responsibility. I understand that the Academy locations vary, primarily between UCSD School of Medicine and Rady Children’s Hospital, and I am responsible for my own transportation. I understand that my application is not complete without BOTH my signature and my parent/guardian’s signature. I am not signing for my parent/guardian.

Signature of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Rady Children’s Hospital-San Diego

2016 Summer Medical Academy Application

TEACHER RECOMMENDATION FORM

Students who will be between 15 and 19 years of age in July 2016 are eligible. The application is in two parts – this form and a Student Application Form – and must be typed or printed neatly and legibly. **Use black or blue ink only. All applications must be postmarked by February 29th, 2016.** Mail to: MC 5073, 3020 Children’s Way, San Diego, CA 92123-4282. Incomplete and late applications will not be considered. Additional information can be found at: [www.helpsdkids.org/summermedicalacademy](http://www.helpsdkids.org/summermedicalacademy). Please email [RCHSummerMedicalAcademy@rchsd.org](mailto:RCHSummerMedicalAcademy@rchsd.org) with questions.

Please provide your feedback on each of the following areas. Your input will be very helpful in determining if this applicant can meet the standards of the program. Please return your recommendation to the student applicant, or this form may be scanned and emailed back to [RCHSummerMedicalAcademy@rchsd.org](mailto:RCHSummerMedicalAcademy@rchsd.org). If you prefer to write a letter addressing the following questions, please feel free to do so. Thank you for your time!

PART A:

Applicant’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART B:

1a. How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b. What classes of yours has this student been in? Do you know the student under any other circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. How would you rate the applicant’s characteristics and motivation:

Strongly Agree Agree Neutral Disagree

Has positive attitude

Demonstrates leadership capability

Is a self-starter, has intellectual curiosity

Is highly motivated

Is able to ask for help

Takes responsibility for own actions

PART C:

1. Please describe the applicant’s initiative and/or leadership potential from your observations. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does the applicant demonstrate a level of maturity and academic preparedness that is consistent with a strong potential for success in college and in a medical career? Describe any concerns you may have.

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1. Please comment on the applicant’s potential for overall success in this program.

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1. Is there additional information you feel would assist the Rady Children’s Hospital-San Diego Summer Medical Academy in evaluating the applicant for admission?

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**Application Checklist**

\_\_\_ Application

\_\_\_ Essays

\_\_\_ Background information sheet or resume

\_\_\_ Transcript

\_\_\_ Teacher Recommendation

\_\_\_ $25 processing fee

**MAIL COMPLETE APPLICATION PACKAGE TO RADY CHILDREN’S AT:**

**Rady Children's Hospital Summer Medical Academy**

**3020 Children's Way MC 5073**

**San Diego, CA 92123-4282**

**REMINDER:**

**The deadline for this application to be postmarked is:**

**February 29, 2016 NO EXCEPTIONS!**