



SUMMER
MEDICAL
ACADEMY



Thank you for your interest in the 5th Annual Rady Children’s Summer Medical Academy! The Summer Medical Academy (SMA) is an educational summer program that provides high school age students with unique and exciting opportunities to explore the world of medical training and practice. SMA is coordinated by the Rady Children’s Center for Healthier Communities in partnership with the UCSD School of Medicine.

Application

Applications must be submitted with a **non-refundable \$35 processing fee**; check or money order only (no cash) made payable to “Rady Children’s Hospital-San Diego”, *clearly write the student’s name on the memo portion*. Please type or print neatly with black or blue ink only. **Incomplete or late applications will not be reviewed.**

Your Checklist:

- Application
- All Short Answer and Essay Responses (include your name at the top)
- Background Information Sheet or Resume (include your name at the top)
- Academic Transcript
- Academic Recommendation (in a sealed envelope with reference’s signature across the seal - may NOT be sent separately);
- \$35 processing fee (non-refundable)
- Scholarship Application (if applicable)
- Copy of Parent/Guardian 2016 Income Tax Form (if applicable)

Submit your complete application by Mail to the address below postmarked by February 24, 2018:

Rady Children’s-Center for Healthier Communities
 Attention: Summer Medical Academy
 3020 Children’s Way, MC 5073
 San Diego, CA 92123-4282

Acceptance

SMA is for students who have an interest in pursuing a career in healthcare. Highly motivated and enthusiastic students who will be between 15-19 years old in June 2018 are eligible to apply. Eligibility does not guarantee acceptance to the program. SMA Students are accepted with the following key application criteria in mind: *Short answer & essay responses; enthusiasm for healthcare; academic success; extracurricular involvement and service; academic recommendation*. Consideration will also be given to the following: *geographic proximity to San Diego, last grade completed in school, and affiliation with RCHSD*. Letters of acceptance will be sent via email to both the student and their parent by March 23, 2018. Details and payment instructions will be included in acceptance letters.

Tuition

Program tuition is \$2,450* and includes all course, lab and program materials; t-shirts and scrubs; and daily lunch. Parking at Rady Children’s is included, but other locations are TBD. **Full Payment must be submitted no later than May 18, 2018. If financial assistance is required for you to attend, please submit the scholarship application as part of your packet.**

*A portion of the tuition payment is tax deductible and will support the FACES for the Future San Diego program through Rady Children’s.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]



2018 Program Application

Part I: Session Selection

Select the two-week session that you wish to attend by checking the appropriate box. If your schedule is flexible, please check "Either" indicating no preference for which session you would attend (select only 1 option).

<input type="checkbox"/> Session 1: June 18 – 29, 2018 Monday-Friday, 9am-4:30pm	<input type="checkbox"/> Session 2: July 9 – 20, 2018 Monday-Friday, 9am-4:30pm	<input type="checkbox"/> Either Session 1 or Session 2
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Part II: Student Information (completed by Student)

Full Name:	(First)	(Last)
Preferred Name:		Gender: Male Female
Date of Birth:		Age:
High School:	(Zip Code)	Grade:
Home Address:		
City	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

Part III: Parent/Guardian Information (completed by Parent/Guardian)

Full Name:		
Relationship:		
Home Phone:	Cell Phone:	
Email:		
Are you an employee of Rady Children's Hospital? Yes _____ No _____		
If yes, which department? _____		

Part IV: Background Information

1. Please attach a resume or brief listing of your extracurricular, volunteer, employment, and community service experiences (including roles, responsibilities and dates/length of time of commitment), as well as any awards or honors that you have received during high school.
2. Please attach a copy of your most current academic transcript (unofficial copies are acceptable).
3. Please indicate your most current <u>un-weighted</u> GPA from the current academic year: GPA _____
4. Do you plan on attending a 2 or 4 year college/university or technical school to pursue a career in healthcare? Yes _____ No _____
5. How did you learn about the Summer Medical Academy (please check all that apply)? School ___ Friend/Family ___ SMA Alumni ___ Google Search ___ Social Media ___ Website ___

Part V: Short Answers (please complete all)

- 1. In 200 words or less, share what makes you a unique candidate for SMA. Describe the world you come from – for example, your family, community or school – and tell us how your world has shaped your dreams and aspirations.

Part VI: Essay

- 1. In 300-500 words or less, please describe your motivation for participating in the Rady Children’s Summer Medical Academy. Why do you want to attend and what do you expect to gain from it? Additionally, if this is your passion, why? What about healthcare draws you?

Part VII: Financial Assistance

Will you require financial assistance to be able to participate?	Yes	No
Do you intend to apply for a Summer Medical Academy Scholarship?*	Yes	No

*If yes, please complete and attach the SMA Scholarship Application. Only fully completed SMA Scholarship Applications will be considered for financial assistance.

Part VIII: Acknowledgment

I have read and understand the information about the Rady Children’s Hospital-San Diego Summer Medical Academy being held June 18–29 and July 9-20, 2018. In submitting my application, I commit to meeting the expectations of the program including availability, effort and responsibility. I understand that the Academy location will primarily be at Rady Children’s Hospital (a few days will require travel to other locations within the county), 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

FOR OFFICE USE ONLY:

- Application
- Essay Responses
- Background Information Sheet or Resume
- Academic Transcript
- Academic Recommendation
- \$35 processing fee
- Scholarship Application (if applicable)
- Copy of Parent/Guardian 2016 Income Tax Form (if applicable)
- Date Received: _____
- Date Input: _____