



2018-19 Program Application

Thank you for your interest in the Advanced Medical Academy (AMA)-A Surgical Experience with Fresh Start! This 3-day program is organized in collaboration with the staff and volunteers of Fresh Start Surgical Gifts. The program is designed for Medical Academy alumni interested in learning about surgery; the role of charitable organizations in healthcare and global health; and becoming an Ambassador for Fresh Start Surgical Gifts.

Only RCHSD Medical Academy Alumni are eligible to apply. Eligibility does not guarantee acceptance to the program. AMA Students are accepted with the following key application criteria in mind: *Essay response; enthusiasm for healthcare; academic success; extracurricular involvement and service.*

Applications may be submitted via email Aniela (Glinski) Brown, Program Coordinator (aqlinski@rchsd.org) by October 8, 2018. Incomplete or late applications will not be reviewed.

Part I: Session Selection

Select the weekend 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: November 2 - 4, 2018 Friday 11/2, 5-8pm; Saturday 11/3, 6:30am-1:30pm; Sunday 11/4, 8:30-11am	<input type="checkbox"/> Session 2: March 8 - 10, 2019 Friday 3/8, 5-8pm; Saturday 3/9, 6:30am-1:30pm; Sunday 3/10, 8:30-11am	<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:
School:		(Zip Code)	Year:
Home Address:			
City		State:	Zip Code:
Home Phone:		Cell Phone:	
Email:			
Which Medical Academy program(s) did you participate in?			
<input type="checkbox"/> Weekend topic _____ <input type="checkbox"/> Summer year _____ <input type="checkbox"/> Advanced year _____			

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), your most current un-weighted GPA, as well as any awards or honors that you have received during high school.
2. Please attach the completed Medical Record for Volunteers form as required by Fresh Start Surgical Gifts.
3. Do you plan on attending a college/university or technical school to pursue a career in healthcare?
Yes _____ No _____
4. What are your plans as of this point for after graduation? __ 2 year college/university __ 4 year college/university __ Technical School __ Work __ Gap Year __ Other: _____
5. How did you learn about the Advanced Medical Academy (please check all that apply)?
School ___ Friend/Family ___ SMA Alumni ___ Google Search ___ Social Media ___ Website ___

Part V: Essay

1. In 200 words or less, share what makes you a unique candidate for the Advanced Medical Academy-A Surgical Experience with Fresh Start. Describe your career aspirations, interest in surgery and the mission of Fresh Start, and what you hope to gain from participating in the weekend.

Part VI: Acknowledgment

I have read and understand the information about the Rady Children’s Hospital-San Diego Advanced Medical Academy being held in collaboration with Fresh Start Surgical Gifts. In submitting my application, I commit to meeting the expectations of the program including attendance, effort and responsibility. I understand that the Academy location will be at Rady Children’s Hospital-San Diego and I am responsible for my own transportation. If under 18 years old, I understand that my application is not complete without BOTH my signature and my parent/guardian’s signature.

Signature of Student:	Date:
Signature of Parent/Guardian:	Date

FOR OFFICE USE ONLY:

- Application
- Background Information Sheet or Resume
- Medical Record for Volunteers
- Essay Response
- Date Received: _____
- Date Input: _____