

**2021-22 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 becoming an Ambassador for Fresh Start Surgical Gifts. **Only RCHSD** **Medical Academy Alumni are eligible to apply**. **Applications for both sessions must be submitted via email *Xochitl Cerda, Coordinator (******xcerda1@rchsd.org******)* by** **September24, 2021 at 5pm (PST)**. **Incomplete or late applications will not be reviewed.**

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| Part I: Session Selection |
| Select the three-day 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**). |
| Session 1: November 5-7, 2021 Friday 5:00-8:00pm, Saturday 6:30am-1:30pm,Sunday 8:30am-11:00am |  Session 2: March 4-6, 2022  Friday 5:00-8:00pm, Saturday 6:30am- 1:30pm,Sunday 8:30am-11:00am \*(dates are tentative) |  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 Other  |
| Date of Birth: |  | Age: |
| High School: |  (Zip Code) | Grade: |
| Home Address: |  |
| City |  | State: | Zip Code: |
| Home Phone: |  | Cell Phone: |
| Email: |  |
| Which Medical Academy program(s) have you participated in and when was your participation?  Weekend topic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Summer year \_\_\_\_\_\_ Advanced year \_\_\_\_\_\_  |

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| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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.
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| 1. Do you plan on attending a college/university or technical school to pursue a career in healthcare?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_  |
| 1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 1. 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 global health, and what you hope to gain from participating in the weekend.
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| Part VI: Acknowledgment  |
| I have read and understand the information about the Rady Children’s Hospital-San Diego Advanced Medical Academy being held November 5-7, 2021 and March 4-6, 2022. 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. **I also understand that if I am accepted into the program, I will need to show proof of flu and COVID 19 vaccination, as well as recent negative Tuberculosis screening prior to the program start date.**  |
| Signature of Student: | Date: |
| Signature of Parent/Guardian: | Date |

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| FOR OFFICE USE ONLY: |
| * Application
* Background Information Sheet or Resume
* Essay Response
* Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Date Input: \_\_\_\_\_\_\_\_\_\_\_\_
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**Note:** All in-person programming is subject to cancellation or alteration in the event of a need for increased public health restrictions due to COVID 19.