

2022 Program Application

Thank you for your interest in the 8th 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 collaboration with multiple community partners.

Application

Applications must be submitted with a **non-refundable \$40 processing fee**; check or money order (no cash) will be accepted 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. If you want to pay by credit card call the office 858-966-7748. **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)
- Most Recent Academic Transcript
- Academic Recommendation (in a **sealed envelope** with **reference's signature** across the seal - may NOT be sent separately);
- \$40 processing fee (non-refundable)

Submit your complete application by Mail to the address below postmarked by March 31, 2022. Applications must be postmarked by the due date.

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 2022 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 April 15, 2022. Details and payment instructions will be included in acceptance letters.

Tuition

Program tuition is \$2,600* and includes all course, lab and program materials; t-shirts and scrub pants; and daily lunch. Parking at Rady Children's is included, but other locations are TBD. **Full Payment, regardless of session student is attending, must be submitted no later than June 20, 2022.**

* We do not pro-rate our programs or provide partial refunds if your student does not attend the entirety of the program. If a full refund is needed it will be issued at least 2 weeks prior to the start of the first Summer Medical Academy session, regardless of session participation.

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

***Transportation, housing accommodations, and visa applications are not provided or coordinated by our program.**

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]



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Part I: Session Availability

Due to capacity, only one session is available this year.

~~Session 1: June 20 – July 1, 2022
Monday-Friday, 9:00am-4:30pm~~

Session 2: July 1 – 22, 2022
Monday-Friday, 9:00am-4:30pm

~~Either Session 1 or Session 2~~

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:		
Non-school 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

- 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.
- Please attach a copy of your most current overall academic transcript (unofficial copies are acceptable).
- Please indicate your most current un-weighted GPA from the current academic year: GPA _____
- Do you plan on attending a 2- or 4-year college/university or technical school to pursue a career in healthcare? Yes _____ No _____
- 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, describe the medical profession you wish to pursue and where you would like to practice. Please share the reasons why you think participating in the Rady Children's Summer Medical Academy would support you in achieving your goals. Is there a health professional that has been a role model or particularly influential to your career interests? **Ensure to answer all areas of the prompt.**
2. In 200 words, share what uniqueness brings you to the program that makes you a standout in a competitive field.

Part VI: Essay

3. In 300-500 words, 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? Be specific. **Ensure to answer all areas of the prompt.**

Part VII: Acknowledgment

I have read and understand the information about the Rady Children's Hospital-San Diego Summer Medical Academy being held July 11 - 22, 2022. 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 may 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 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. I will also be required to wear a mask while on the Rady Children's campus. I am not signing for my parent/guardian. I will also follow all public health directives while on the hospital campus.**

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
- \$40 processing fee
- Date Received: _____
- Date Input: _____