



2017

UAMS (NASHVILLE) APPLICATION FORM

JUNE 19 - JUNE 30, 2017

DEADLINE TO APPLY: March 31, 2017@ 5:00pm

Please print clearly

STUDENT:

*1st / 2nd time to apply to M*A*S*H (circle one)*

1. Name: _____
Last First Middle initial

2. Gender (circle): M / F Race: _____ Date of Birth: _____ / _____ / _____
Month Day Year

3. Do you go by a different name? If so, what is it? _____

4. Hometown Address: _____
Street or P.O. Box

_____ *City State Zip Code*

5. Home phone number: _____ Cell phone number: _____
Area code/number (xxx) xxx-xxxx Area code/number (xxx) xxx-xxxx

6. E-mail address: _____ (if you don't have one, create one)

7. High School: _____ YEAR you will graduate: _____

8. School Mailing Address: _____
(Street or P.O. Box) (Town)

9. T-shirt Size (circle one): S M L XL XXL

PARENT or GUARDIAN Information:

10. Name: _____

11. Home Address: _____

12. Home/Work phone number: _____ Cell phone number: _____
Area code/number *Area code/number*

WRITING SECTION:

13. List your significant SCHOOL activities, achievements and awards of the past two years:
(Please write neatly. Attach another sheet of paper if necessary.)

14. List your significant NON-SCHOOL (community, church, etc.) achievements of the past two years. Also describe any jobs or duties you have at home or school that demonstrate your level of commitment to a task. (Attach another sheet of paper if necessary).

15. Please write in your own words why you are interested in attending M*A*S*H (Medical Application of Science for Health) and why you want to learn about health careers. Your response to this question is very important in the selection process. If you need more room, attach another page to your application.

ACCEPTANCE STATEMENT

All your expenses for M*A*S*H are being paid by the M*A*S*H Partnership, which includes Arkansas Blue Cross & Blue Shield, Arkansas Farm Bureau, Howard Memorial Hospital, and county Farm Bureau organizations. You must agree to attend for the full length of the program (2 weeks). Please note that this is a day program and that transportation to and from each daily session is your responsibility. Any daily activities off campus, transportation will be provided.

Signed: _____ **Date:** _____
(Student)

PERMISSION STATEMENT

I hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievement and grades. I understand that if my son/daughter is accepted, we will be responsible for his/her daily transportation for the two-week program.

Signed: _____ **Date:** _____
(Parent/Guardian)

M*A*S*H SCHOOL RECOMMENDATION FORM

(CONFIDENTIALITY WILL BE HONORED REGARDING INFORMATION SUPPLIED BY SCHOOL PERSONNEL)

- 1. Student Name _____
(First) (Middle) (Last)
- 2. Gender: _____ Race _____
- 3. School Name: _____ School District _____
- 4. School Address _____
(Street or P.O. Box) (Town) (Zip Code) (County)

***5. Attach a legible transcript of this student's grades to this form. Please include any citizenship grades or comments or ACT scores.**

Note: this student must have taken BIOLOGY (or be currently enrolled) and have a minimum GPA of 3.0 in order to be considered for M*A*S*H.

6. TEACHER: THIS INFORMATION IS CONFIDENTIAL. Please state why you think this student would benefit from participating in M*A*S*H. Comments should be made regarding the student's abilities and potential for success in a health care environment. Use the space provided, then sign at the bottom of this page.

Teacher's signature* Today's date

Printed Teacher Name _____

Email _____

What Class do you teach? _____

7. Include any additional information here from other faculty members that would assist the screening committee in making their selections.

Faculty Signature Date

Printed Faculty Name

ACADEMIC ENDORSEMENT

We have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the M*A*S*H program.

Counselor's signature* Today's date

Counselor's Printed Name Counselor's Email

* These signatures are required in order for the student to be considered by the selection committee.

*Student's Cumulative GPA _____

PLEASE MAIL COMPLETED APPLICATION AND TRANSCRIPT (MUST INCLUDE CUMULATIVE GRADE POINT AVERAGE) by Friday, March 31, 2017 TO:
M*A*S*H PROGRAM
UAMS SOUTHWEST
Bradi Kelley
300 East 6th Street
Texarkana, Ar 71854

STUDENTS: PLEASE DETACH AND KEEP THIS SHEET FOR YOUR RECORDS

Hello!

As the M*A*S*H* Program Director, I want you to know that we are excited about your interest in a health career and your desire to enhance your knowledge and gain experience within this field. Thank you for taking the time to seriously consider this program as you make plans for the summer. Students are selected based on GPA, an essay describing their desire to attend M*A*S*H, teacher recommendation, extra-curricular activities and community service, as well as awards and accomplishments. A committee made up of faculty and physicians will review all applications and assist in the selection process. Please take the time to have a teacher proofread your application for any misspelled words or mistakes. If you have questions, please feel free to email me at any time. If you don't have an email address, create one, but make sure it sounds professional. ALL students who apply will be notified by mail or phone of their status by Friday, April 28, 2017. If you have not received a letter or call by then, please contact me at bckelley@uams.edu.

If you are not sure what to expect, below is a little information about our camp.

I look forward to reading over your applications and learning more about you!

Bradi Kelley, M*A*S*H Program Director

UAMS Regional Programs

300 East 6th Street

Texarkana, Ar 71854

bckelley@uams.edu

(870) 779-6040 office

M*A*S*H*, or Medical Applications of Science for Health, is a two-week summer camp that introduces high school students who are currently in the 10th or 11th grade to health careers. Students selected into the M*A*S*H* program will shadow in a variety of health care locations, learn medical terminology, take part in hands on activities to learn medical procedures, tour a variety of local healthcare facilities, as well as tours of Christus St. Michael and Wadley Hospitals. Students also take part in team building activities, heart dissection and suturing, proper wrapping techniques and casting, as well as learning about a variety of health careers and education levels needed for different careers. It's too much to list, but we cover a lot over these two weeks!

Students accepted are required to attend Monday-Friday, 9am-3pm. Breakfast, lunch, and snacks are provided. **IMPORTANT! Please notify the M*A*S*H Director of any food allergies or other dietary restrictions if accepted.**

This program is located at **Howard Memorial Hospital**. We are housed at **130 Medical Circle Nashville, Ar 71852**. We do not provide transportation (to our facility each morning or from our facility each afternoon) or housing for this program. Students selected should make arrangements for their own transportation to and from our facility every morning and every afternoon.

This is a FREE program for students, thanks to community donations and support from the M*A*S*H Partnership.