



MEDICAL APPLICATION
OF SCIENCE FOR HEALTH

UAMS SOUTHWEST

TEXARKANA APPLICATION

PROGRAM DATES: JUNE 12-23, 2017

DEADLINE TO APPLY: MARCH 31, 2017

NAME: _____

DATE OF BIRTH: _____ GENDER: M _____ F _____

RACE: _____

DO YOU GO BY A DIFFERENT
NAME? IF SO WHAT? _____

HOME ADDRESS: _____
STREET

CITY STATE ZIP

PHONE NUMBER: _____
HOME CELL

EMAIL ADDRESS: _____

HIGH SCHOOL: _____

HIGH SCHOOL ADDRESS: _____
STREET

CITY STATE ZIP

YEAR YOU WILL GRADUATE: _____

T-SHIRT SIZE: S M L XL XXL

PARENT NAME(S): _____

PARENT ADDRESS: _____

STREET

CITY STATE ZIP

PARENT PHONE NUMBER: _____

HOME

CELL

WORK

ACCEPTANCE STATEMENT

Program expenses for M*A*S*H are paid by the M*A*S*H Partnership, which includes Arkansas Blue Cross & Blue Shield, Arkansas Farm Bureau, Baptist Health, county Farm Bureau organizations, and the Council for Regional Health. You must agree to attend for the full length of the program (two weeks). Please note that this is a day program and transportation to and from each daily session is your responsibility. Transportation is provided to any daily activities off campus.

Student Signature: _____ Date: _____

PERMISSION STATEMENT

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

Parent Signature: _____ Date: _____

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

List your significant NON-SCHOOL (community, church, etc.) achievements and activities 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. Please write neatly. Attach another sheet of paper if necessary.

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, please attach another sheet of page to your application.

M*A*S*H SCHOOL RECOMMENDATION FORM

(Confidentiality will be honored regarding information supplied by school personnel)

STUDENT NAME: _____
 LAST FIRST MIDDLE

GENDER: M _____ F _____

DATE OF BIRTH: _____ RACE: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____
 STREET

CITY STATE ZIP

SCHOOL DISTRICT: _____

Please attach a transcript of this student's grades to this form. Please include any ACT scores and citizenship grades or comments.

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.

INSTRUCTOR – 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 and sign when complete.

TEACHER'S SIGNATURE: _____ DATE: _____

TEACHER'S PRINTED NAME: _____

TEACHER EMAIL: _____

What classes/subjects do you teach? _____

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 he/she is genuinely interested in participating in the M*A*S*H Program.

COUNSELOR'S SIGNATURE _____ DATE: _____

COUNSELOR'S PRINTED NAME: _____

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 GPA)
BY FRIDAY, MARCH 31, 2017 TO:

M*A*S*H PROGRAM
UAMS SOUTHWEST
ATTN: Bradi Kelley
300 E. 6th Street
Texarkana, AR 71854

M*A*S*H INTRODUCTION

STUDENTS: PLEASE DETACH AND SAVE THIS PAGE FOR YOUR RECORDS!

Hello!

As the M*A*S*H Program Director for UAMS Texarkana, I want you to know that we are very 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 of their status by Friday, April 28, 2017.

If you have not received a letter by then, please contact me at bckelley@uams.edu.

If you are not sure what to expect, you will find more information on the next page about the M*A*S*H Program.

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 E. 6th Street

Texarkana, AR 71854

bckelley@uams.edu

(870) 779-6040

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 program will shadow in a variety of health care location, learn medical terminology, take part in hands on activities to learn medical procedures, tour a variety of local health care facilities, including tours or Christus St. Michael Health System and Wadley Regional Medical Center. Students also take part in team building activities, heart dissection and suturing, and proper wrapping and casting techniques. They will also learn about a variety of health careers and education levels needed for various careers. It's too much to list, but we cover a lot over these two weeks!

Students accepted are required to attend Monday - Friday, 9a.m. - 3p.m. This program is located at UAMS in Texarkana, AR. We are housed at 300 E. 6th Street. We do not provide transportation to and from our facility or housing during this program. Transportation will be provided to off campus activities each day. Students selected should make transportation arrangement to arrive on time each day.

Community donations and support from the M*A*S*H Partnership make this program available at no cost to students. However, students are expected to purchase at least one pair of scrubs to wear during the program (more information will be made available during orientation). Students are expected to look clean and professional.

Lunch, and snacks are provided. **IMPORTANT! Please notify the M*A*S*H Director of any food allergies or other dietary restrictions if accepted.**