



UAMS East APPLICATION FORM

June 13-23 (Begins on a Tuesday)

DEADLINE TO APPLY: March 15th, 2017

Please print clearly

STUDENT: *Attended Day in the Life on 2-15-17 (Circle if applicable)*

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 Zipcode

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

6. E-mail address: _____

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

8. T-shirt Size (circle one): S M L XL XXL (Comfort Color shirts tend to run big)

9. List any allergies to food.

WRITING SECTION:

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

11. 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 or write on the back if necessary).

12. 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.

PARENT or GUARDIAN Information:

13. Name: _____

14. Home Address **if** different from student: _____

15. Home/Work phone number: _____ Parent Cell phone number: _____
Area code/number Area code/number

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, Baptist Health, and county Farm Bureau organizations. You must agree to attend for the full length of the program. Please note that this is a day program and that transportation to and from each daily session is your responsibility.

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)

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 _____ ACT: _____

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

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

Student must turn in their application to you to complete. Please email me at jbligon@uams.edu to pick up OR you may mail them to:

M*A*S*H PROGRAM
Janet Ligon
1393 Highway 242 South
Helena, AR 72342

STUDENTS: PLEASE DETACH AND KEEP THIS SHEET FOR YOUR RECORDS

As the M*A*S*H* Program Coordinator for UAMS East Campus, 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 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 April 15th. If you have not received a letter by then, please contact me.

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!

Janet Ligon

M*A*S*H Program Coordinator

UAMS East

jbligon@uams.edu

870-572-2727 Ext. 120

Fax: 870-572-6642

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 12th grade to health careers. Students selected into the M*A*S*H* program will be exposed to a variety of health careers, learn medical terminology, take part in hands on activities to learn medical procedures, tour the UAMS Little Rock campus, as well as a tour of PCCUA Allied Health and a EACC Ropes Course. 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. Students will be certified in CPR and First Aid. It's too much to list, but we cover a lot over these two weeks!

Students accepted are required to attend every day. Please do not plan on a doctor's appointment or anything else that would keep you from attending each day. Camp times will vary each day but most days, it will be 12:30-4:30. **IMPORTANT! Please notify the M*A*S*H Director of any food allergies or other dietary restrictions if accepted.**

This program is located at UAMS East Campus in Helena, AR. We are housed in 1393 Hwy 242 South. We do not provide transportation or housing for this program. Students selected should make arrangements for their own transportation.

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