

M*A*S*H* 2019 Fayetteville and Rogers

Hello Counselors!

We would like to invite you to share information and recruit students for the **M*A*S*H 2019 Program**. **MASH will be** June 10th –June 21st, 2019. MASH is for your students who are interested in **HEALTH-RELATED CAREERS**.

M*A*S*H is:

- A two-week, weekday program (7:00am-3:30pm) held on the UAMS Northwest campus and at Mercy Medical Center in Rogers (8:30 am to 3:30pm)
- Free.
- for high school students sophomores-seniors and seniors at the beginning of spring semester 2019

Program activities include:

- CPR Training
- Professional 'Shadowing'/Community Health Rotations with medical professionals from the following fields: Family Medicine, Nursing, Pharmacology, Pediatrics, Physical/Occupational Therapy, Respiratory Therapy, Radiology, Radiation Therapy, and Ophthalmology, Pediatrics.
- Dissection and suturing activities
- Field trips
- A complete review of careers associated with medicine and health-related professions

Application Materials:

- Official high school transcript with at least one (2) semester of science and a 3.0 or greater cumulative GPA
- Completed M*A*S*H Application with student/parent signatures (may copy as needed)
- Commitment to attend the full 2-week program
- **TWO** Recommendation letter from either a high school counselor or teacher (math, science or other)

Application Deadline:

- Friday, March 15th, 2019 by 4:30pm (UAMS Northwest, Fayetteville)

Student Notification:

- All students will be notified regarding their program selection status the week of April 22nd, 2019.

Other:

- Students (or their parents) must provide their own transportation to and from UAMS Northwest or Mercy-Rogers campus each day.

Please feel welcome to contact us with any questions or concerns. Thank you for your help!

UAMS Northwest

1125 N. College Avenue

Fayetteville, AR 72703

Phone 479- 713-8000

Email apsanchez@uams.edu

Hello Students!

We are excited about your interest in a health career! We are glad you are applying to this summer camp.

There are a few parts to this application. Here are the steps you will take to apply.

- You will mail your completed M*A*S*H* application to UAMS-NW. The application includes
 - descriptions of your school activities, community involvement and your interest in the MASH program
 - your school counselor's signature
 - a copy of your transcript
- You will give the recommendation form to one of your teachers to complete and your teacher will complete the recommendation form and he or she will mail the form directly to UAMS-NW.

Your completed application is due by Friday, March 15th, 2019 at both sites. A committee will review all applications and assist in the selection process. ALL students who apply for M*A*S*H* will be notified of their status by mail the week of April 22nd -26th. If you have not received a letter by then, please contact us.

If you are not sure what to expect, here's a little information about our camp.

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

M*A*S*H Committee
UAMS-NW
1125 N. College Avenue
Fayetteville, AR 72703
(479) 713-8000 ext. 5177
apsanchez@uams.edu

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, 11th and 12th grades to health careers. Students selected into the M*A*S*H* program shadow 5 days in a variety of health care locations, 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 local field trips. Students also take part in team building activities, heart dissection and suturing, 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, 8:30am – 3:30pm, although depending on the clinical shadowing schedules certain students will be required to arrive at 7:00am on certain days. Lunch and snacks are provided.

This program is located on the UAMS NW campus. Our address is 1125 N. College Ave, Fayetteville, 72703. 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 Arkansas Farm Bureau, UAMS Regional Programs, and the Arkansas Medical Mentor Partnership.

lakwe ri jikuul ro!

Elap am mõnõnõ kin itoklimo in am ilo kõnan jermal ilo ajbitol/jikin taktõ ko jet! Kemij mõnõnõ bwe kwar kanne ñan summer camp in.

Ewor jejo lajrak ko ikijen abulikaejen in. Lajrak ko kein kwoj aikuj loori ilo am kanne.

- Kwonaj maal e dedelok in M*A*S*H abulikajen eo am ñam UAMS Northwest. Loan abulikajen in ewor:
 - Melele ko kin activity koi lo jikin jikuul eo am, am bok kwonaam ilo jujuk in bed eo am im itoklimo eo ilo M*A*S*H burokraam in
 - Signature eo an counselor eo am ilo jikin jikuul
 - Kape in kuraat ko am
- Kwonaj lelok juõn leta in recommendation ñan juõn ian ri kaki ro am bwe ren kanne im kaki ro am renaj kadedelok an kanne leta in recommendation in im enaj kajju maal e ñam UASM Northwest.

Abulikaejen eo am ej due ilo raan in bõlaide, march 15th, 2019. Committee eo enaj etale aolep abulikaejen im jipañ doon ilo ekalel in. Aolep ri jikuul ro im rar kanne ilo burokraam in naetan M*A*S*H, renaj kõjjelaik er alikar eo ilo maal ilo wiik ne abrol 22-26 raan. Ñe kwojañin elolo am maal ilo wiik ne, jout im kurtok kim.

Ñe kwojjab jela ta kõtmene eo am, eñin ej jidikin melele ko kin camp in am.

Elap am kijoror in lale abulikaejen in am jela elaplok kin kwe!

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M*A*S*H, ak Medical Applications of Science for Health, ej ruo wiik in summer camp eo ej kwalok aolep ri jikuul ro ilo high school rej bed ilo kilaaj 10, 11 im 12 ñan jermal ko ilo jikin taktõ. Ri jikuul ro renaaj bed ilo M*A*S*H burokraam in renaj ekatak iumwin lalem raan kin jermal ko rej bõk jikier ilo jikin taktõ ko, wawein am kenono ak kõjermal medical toom ko, bok kwonaam ilo hands on activities ko ñan am katak medical procedure ko, alooje campus eo an UAMS ilo Little Rock, im bar jikin kalojoj ko jet. Ri jikuul ro renaaj bok kwonaer ilo team building activity ko, ekatak kin wawein mwijmwjj menono im kareo kinej ko, im boreinwot ekatak kin bwijin kain jermal ko ilo jikin takto ko im jikuul ko ak toan an naj jikuul nan kajojo jermal ko ilo jikin takto ko. Elukkun aitok lajrak in, botab kim naj bauri aolep katak iuwmin wiik kein ruo!

Ri jikuul ro renaj kalet er ilo burokraam in rej aikuj bed Mande-bõlaide, 8:30 jipoñ ñan 3:30 jota, ak enaj bedbed ion awa ko an jikin takto ko ilo aer kõtlak an ri jikuul ro etal im lale wawein aer jermal, jejo ri jikuul ro kalet er renaj aikuj in bed 7:00 jipon ilo raan ro renaj kaliari. Kemij bok eddon mõña in jipoñ, raelep im kotoan awa.

Burokraam in ej bed ilo campus eo an UAMS Northwest. Atorej eo ne ej 1125 N. College Ave, Fayetteville 72703. Kemij jab elewoj ial im bok eddon jikin jokwe ilo burokraam in. Ri jikuul ro k?let er ñan burokraam in rej make lolorjake ialaer.

Burokraam in EJJELOK ONAN ñan ri jikuul ro, kamolol jujuk in bed in (Community) kin jipañ kein aer ilo donate im support jen Arkansas Farm Bureau, UAMS Regional Programs ko, im Arkansas Medical Mentor Partnership.



UAMS-NW and Mercy Medical Center in Rogers APPLICATION FORM

June 10th-21st, 2019

DEADLINE TO APPLY: Friday, March 15th 4:30pm

1st / 2nd time to apply to MASH (circle one)

Choose a site: Fayetteville Rogers

Please print clearly:

1. Name: _____
Last First Middle initial

2. M / F Race: _____ Date of Birth: _____ / _____ / _____ Age _____
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: _____ Cell phone number: _____
Area code/number Area code/number

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

7. High School : _____ Grade _____ Year you will graduate: _____

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

T-Shirt size _____ List any food allergies _____

PARENT or GUARDIAN:

9. Name: _____

10. Home Address: _____

11. Home/Work phone number: _____ Cell phone number: _____
Area code/number Area code/number

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

**13. 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).**

14. Circle the response that best expresses your current opinion. Please be honest. This is purely to assess pre-program interest and will NOT be considered in the selection process.

	Definitely	Probably	Maybe	Probably Not	Not at all
1) How much do you intend, plan, or would like to enter a <i>HEALTH CAREER</i> ?	5	4	3	2	1
2) How much do you intend, plan, or would like to work in <i>PRIMARY CARE</i> or in a primary care setting? (<i>For example as a family doctor, nurse practitioner, or physician assistant in a Family Medicine, General Internal Medicine, or General Pediatrics clinic.</i>)	5	4	3	2	1
3) How much do you intend, plan, or would like to work with people who are <i>MEDICALLY UNDERSERVED</i> ? (<i>These are people who face financial, cultural or language barriers to health care.</i>)	5	4	3	2	1
4) How much do you intend, plan, or would like to work in a <i>RURAL</i> area (<i>not a big city</i>).	5	4	3	2	1

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 Statewide Mentor Partnership. In addition, a \$50 scholarship will be contributed on your behalf by Farm Bureau from your county. On the last day of M*A*S*H, your community sponsor will be invited to attend a luncheon with you and the other participants. 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.

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)

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

***** Attach a readable 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) in order to be considered for M*A*S*H.

Please mail completed application to

UAMS-NW
MASH PROGRAM
1125 N. College Ave.
Fayetteville, AR 72703
FAX 444-7820
apsanchez@uams.edu

M*A*S*H SCHOOL RECOMMENDATION FORM

(Detach this form from application, give to your teachers)

(INFORMATION FROM SCHOOL PERSONNEL ON STUDENT APPLYING. CONFIDENTIALITY WILL BE HONORED.)

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. **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. You may use the space provided below or attach another page. Please sign at the bottom of this page. Email it to apsanchez@uams.edu, Fax it to 479-444-7820 or mail it to the address below.

Teacher's signature*

Today's date

Printed Teacher Name _____

Email _____

What class do you teach? _____

All recommendation forms are **due by March 15th**. Please mail completed recommendation form to

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1125 N. College Ave.
Fayetteville, AR 72703**

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