



## AMMC APPLICATION FORM 2020

June 1, 2020-June 12, 2020

**DEADLINE TO APPLY: March 13th, 2020**

**Please print clearly**

**STUDENT:**

1. Name: \_\_\_\_\_  
*Last* *First* *Middle initial*

2. Gender (circle): Male / Female

3. Race (check one):  White  
 Black/ African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Other:

Please specify: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month* *Day* *Year*

5. Do you go by a different name? If so, what is it? \_\_\_\_\_

6. Home Address: \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_ *City* *State* *Zipcode*

7. Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
*Area code/number (xxx) xxx-xxxx* *Area code/number (xxx) xxx-xxxx*

8. E-mail address: \_\_\_\_\_ (if you don't have one, create one)



## STUDENT INFORMATION

9. Name of High School: \_\_\_\_\_

10. Year You Will Graduate: \_\_\_\_\_

11. Currently I am in the \_\_\_\_\_ grade.

12. School Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (Town)

13. T-shirt Size (circle one):    S        M        L        XL        2X

14. What health career are you MOST interested in? \_\_\_\_\_

15. Please list any food allergies or dietary restrictions you have: \_\_\_\_\_

16. Do you have any medical conditions, including pregnancy, we should be aware of?     Yes  No

\*If yes, please specify: \_\_\_\_\_

\*Please note: For your safety, we ask that you tell us about any medical conditions. This information will NOT disqualify you from the program.

## STUDENT INFORMATION

17. Have you participated in M\*A\*S\*H before?     Yes         No

18. Have you applied to any other M\*A\*S\*H programs this year?         Yes     No

\*If yes, please specify which program(s): \_\_\_\_\_



19. Choice of job shadowing site:
- Family practice physician
  - Nursing
  - Adult and/or pediatric dentist
  - Surgery
  - Pharmacist
  - Respiratory Therapy
  - Physical Therapy
  - Veterinarian

***PARENT or GUARDIAN Information***

20. Name: \_\_\_\_\_

21. Home Address: \_\_\_\_\_

\_\_\_\_\_

22. Home/Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
*Area code/number* *Area code/number*



**M\*A\*S\*H**

Medical Applications of Science for Health

***STUDENT WRITING SECTION***

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

24. 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).



**M\*A\*S\*H**

Medical Applications of Science for Health

***STUDENT WRITING SECTION***

25. 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.



**M\*A\*S\*H**

Medical Applications of Science for Health

## **DISCIPLINARY POLICY**

M\*A\*S\*H faculty and staff aim to maintain a safe, positive, and educational environment for all participants. Certain behaviors can result in your immediate dismissal from the M\*A\*S\*H program and the notification of your parent/guardian. These behaviors include, but are not limited to:

- Deliberate violation of host facility's safety rules
- Possession of alcohol and/or illegal drugs
- Being intoxicated or under the influence of any controlled substances
- Use of tobacco products or e-cigarettes during program hours
- Violation of dress code or cell phone policy
- Inappropriate language or discussions
- Violation of HIPAA rules and regulations
- Harmful or inappropriate contact or communication with other participants and/or staff
- Deliberate destruction or damage to property
- Unexcused tardiness or absence

## **STUDENT ACCEPTANCE STATEMENT**

All your expenses for M\*A\*S\*H are being paid by the M\*A\*S\*H Partnership, which includes Arkansas Farm Bureau, Arkansas Blue Cross & Blue Shield, UAMS and county Farm Bureau organizations. If accepted into the program, you agree to attend the full length of the program (2 weeks) and to abide by the disciplinary policy. **Please note that this is a day program and that transportation to and from each daily session is your responsibility.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Student)*

## **PARENT/GUARDIAN 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. School Name: \_\_\_\_\_ School District \_\_\_\_\_

3. School Address \_\_\_\_\_  
(Street or P.O. Box) (Town) (Zip Code) (County)

4. **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 subject do you teach? \_\_\_\_\_



**M\*A\*S\*H**

Medical Applications of Science for Health

**FACULTY RECOMMENDATION FORM**

Student Name \_\_\_\_\_  
(First) (Middle) (Last)

1. 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





## SCHOOL COUNSELOR ACADEMIC ENDORSEMENT

Student Name \_\_\_\_\_  
(First) (Middle) (Last)

I 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

Student's Cumulative GPA \_\_\_\_\_

**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) in order to be considered for M\*A\*S\*H.**

**PLEASE HAVE COMPLETED APPLICATION, TRANSCRIPT (MUST INCLUDE CUMULATIVE GRADE POINT AVERAGE) SUBMITTED BY March 13<sup>th</sup>, 2020 TO:**

**M\*A\*S\*H PROGRAM  
Shannon Walton  
900 W. Kingshighway  
Paragould, AR 72450**



**STUDENTS: PLEASE KEEP THIS SHEET FOR YOUR RECORDS**

Hello!

As the M\*A\*S\*H\* Program Coordinator for AMMC, 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 of their status by April 24th. 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!

**Shannon Walton, RN**

M\*A\*S\*H Program Coordinator

AMMC 900 W. Kingshighway

Paragould, AR 72450

Shannon.walton@arkansasmethodist.org

870-573-4177

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 10<sup>th</sup> or 11<sup>th</sup> 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. 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, 8-3 pm. Lunch is 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 AMMC in Paragould. We are housed in the professional office building of the hospital. 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, support from the M\*A\*S\*H Partnership and a grant from the Blue & You Foundation.