



BRTC POCAHONTAS MASH APPLICATION AND INFORMATION

STUDENTS: PLEASE KEEP THIS SHEET FOR YOUR RECORDS

Hello!

As the M*A*S*H* Program Coordinator for UAMS - BRTC - Pocahontas program, I want you to know 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, recommendation letters, extra-curricular activities and community service, as well as awards and accomplishments. A committee made up of faculty and staff 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 **May 1**. 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!

Angie French
M*A*S*H Program Director
Black River Technical College - Pocahontas
angie.french@blackrivertech.edu
870-248-4023

M*A*S*H*, or Medical Applications of Science for Health, is a two-week summer camp that introduces high school students 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 local hospitals and learn more about the opportunities in our area! 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, 8-4 pm. Breakfast, lunch, and snacks are provided. This program is located at Black River Technical College in Pocahontas. We do not provide transportation or housing for this program. Students selected are responsible for their own transportation.

This is a **FREE** program for students, thanks to community donations, support from the M*A*S*H Partnership and Farm Bureau. If you have any questions, please give us a call!



Camp Location: BRTC Pocahontas, AR

PROGRAM DATES: JUNE 8 – 18, 2020

DEADLINE TO APPLY: April 3, 2020

STUDENT INFORMATION

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
 Hispanic
 Native Hawaiian or Pacific Islander
 Other: Please specify: _____

4. Date of Birth: _____/_____/_____
Month Day Year

5. Do you go by a different name on a daily basis? If so, what is it? _____

6. Home Address: _____
Street or P.O. Box

_____ *City State Zipcode*

7. Home phone number: _____ Student 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. This will be used to contact you about your status/acceptance into the program.)



CONTINUED: 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 (s) 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.

17. Have you participated in M*A*S*H before? (at any location, not just Pocahontas) Yes No

18. Have you applied to any M*A*S*H programs before? Yes No

19. Have you applied, or planning to apply, to any other M*A*S*H programs this year? Yes No

*If yes, please specify the which program(s): _____



20. Choice of job shadowing site:
Please rank the following sites from 1 to 7, 1 being your top choice and 7 your least favorite.
Choose 7 Total!

- ___ NURSING
- ___ DENTIST
- ___ FAMILY PRACTICE PHYSICIAN
- ___ GERIATRICS
- ___ SURGERY
- ___ OPHTHALMOLOGY (eyes)
- ___ VETERINARY MEDICINE
- ___ PHARMACY
- ___ THERAPY (Speech, Physical, Occupational)
- ___ RADIOLOGY

If you do not see an option listed, please write in the area you would want to shadow this will be considered your #1 unless you specify otherwise.

SPECIAL REQUEST: _____

PARENT or GUARDIAN Information

21. Parent Name _____

22. Home Address: _____

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

***These are required in case of emergency.



M*A*S*H

Medical Applications of Science for Health

STUDENT WRITING SECTION

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

25. 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

26. 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.



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, UAMS and local sponsors. 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 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.

I also acknowledge that if my child is selected for this program, he/she is required to have proof of a negative TB skin test provided by our PCP (primary care provider). This is NOT a service provided by BRTC.

Signed: _____ Date: _____
(Parent/Guardian)



M*A*S*H SCHOOL RECOMMENDATION FORM

STUDENTS: You are required to have at least 2 teachers write recommendations for you and the counselor's endorsement, including your transcript. You may also seek other letters of recommendation from community members, employers, youth pastors, etc.

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

Recommendation #1

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 or attach your letter, then sign at the bottom of this page.

Teacher's signature Today's date

Printed Teacher Name _____

Email _____

What subject do you teach? _____



Recommendation #2

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 or attach your letter, then sign at the bottom of this page.

Teacher's signature Today's date

Printed Teacher Name _____

Email _____

What subject do you teach? _____



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. Based on my professional opinion, I agree this student will behave and conduct him/herself in an appropriate and professional manner.

Counselor's signature

Today's date

Counselor's Printed Name

Counselor's Email

Student's Cumulative GPA _____

Student's ACT Score _____

Attach a legible transcript for this student. 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, TRANSCRIPT (MUST INCLUDE CUMULATIVE GRADE POINT AVERAGE) AND SIGNED CONSENT FORMS BY April 3, 2020 TO:

**BRTC POCAHONTAS M*A*S*H PROGRAM
C/O ANGIE FRENCH
PO BOX 468
POCAHONTAS, AR 72455**