



## 2018 MedStart MedStart Program Application

### MedStart Summer Program Description

**WHAT:** *MedStart Summer Camp is a 5-day summer camp program sponsored by the Montana AHEC (Area Health Education Center) system. The program is designed to encourage sophomore and junior high school students to pursue their interest in a variety of healthcare careers. Montana AHEC focuses on accepting students from low-income families, rural areas, under-represented minorities, or those who will be first in their family to attend college. The aim of MedStart is to provide students a chance to further explore healthcare careers, learn about college life, and realize it is possible to pursue higher education.*

**WHY:** *Montana, and the nation as a whole, is facing a healthcare workforce shortage. To develop the next generation of healthcare professionals, the Montana AHEC system has organized the MedStart summer program as one way to foster student's interest in pursuing careers in healthcare. The goal is to provide students with the support and resources needed to enter and succeed in the healthcare industry. This "grow your own" approach can be seen as one way to fill the healthcare pipeline and ultimately address the healthcare workforce shortage. Montana AHEC is a federally funded organization with five AHEC centers across the state. Organizations hosting and supporting the AHEC's include Montana Hospital Association, Montana Health Network, Montana State University, University of Montana and RiverStone Health.*

**WHO:** Students must be current sophomores or juniors from a Montana high school to apply. Homeschooled or GED students are eligible as well. Students may be no older than 18. Students may apply for a second year of MedStart, but may not attend the same campus two years in a row. No scholarships will be awarded the second year of MedStart.

**Applications must be postmarked by March 9, 2018 to be considered.**

Cost to attend MedStart is \$500/student. MedStart tuition fees cover room & board, transportation to events, all included activities, scrubs, and student materials. MedStart is not offered for high school credit. Multiple scholarships are available based on need, and/or merit; see page 5.

**Notification of camp acceptance and scholarship awards will be announced April 20, 2018**  
**Students will receive a packet to complete and submit with payment in full by May 25, 2018**

**\*\*Please note that students accepted into the MedStart Camps are required to provide proof of health insurance and up-to-date vaccinations as well as a tuberculosis test in order to be allowed to participate in the activities at healthcare facilities. Montana AHEC is not an affiliate of the Montana Office of Public Instruction, and therefore, does not recognize Montana Immunization Exemption Form 20-5-401. In order for your child to participate in activities at MedStart, current immunization records and negative results of a TB test (within the last year) are required. \*\***

A complete application consists of the following:

1. Application Form (pages 2-4)
2. Financial Aid & Scholarship Application Form, optional (pages 5-6)
3. One Completed Recommendation Form (pages 7-8)

Please direct questions to and mail application to:

2018 MedStart Camp  
North Eastern Montana AHEC  
519 Pleasant  
Miles City, MT 59301  
(406) 234-1424

# 2018 MedStart Application Form

**PERSONAL INFORMATION** \*\*Attach additional pages as needed, include your name on each page\*\*

1. Last name: \_\_\_\_\_ First: \_\_\_\_\_ M. initial: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_  
Town State Zip code

3. Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Parent please sign. I give permission for Program Coordinator to send my child texts. \_\_\_\_\_

4. Student E-mail: \_\_\_\_\_

Summer e-mail (if different from above): \_\_\_\_\_

*\*Please provide valid, legible, email addresses that will be checked regularly. This will be the method of communication from the MedStart staff.*

6. Parent (with whom you reside most) E-mail: \_\_\_\_\_

7. Gender: [ ] Female [ ] Male

8. Birth date: \_\_\_\_\_

9. Current age: \_\_\_\_\_

10. What grade are you in currently? [ ] 10<sup>th</sup> [ ] 11<sup>th</sup>

10. Do you describe yourself as?

- [ ] Hispanic/Latino
- [ ] American Indian/Alaskan Native (Please list Tribe(s)): \_\_\_\_\_
- [ ] Asian
- [ ] Black/African American
- [ ] Native Hawaiian/Pacific Islander

11. Demographics

a) While growing up, did you or your family ever use federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid, special loan/scholarship for disadvantaged students, etc.) \_\_\_\_ If yes, check here

b) Students from underrepresented communities. \_\_\_\_ If yes, check here

c) If you live in a rural community with a population of 10,000 or less \_\_\_\_ If yes, check here

\*Missoula, Billings, Great Falls, Butte, Bozeman, Helena and Kalispell are considered urban cities.

d) If you reside in a household where neither parents/guardians attended college. \_\_\_\_ If yes, check here

Parent or Guardian #1 Education Level:  
(Check highest level completed)

- [ ] Grade School
- [ ] High School
- [ ] College
- [ ] Other

Parent or Guardian #2 Education Level:  
(Check highest level completed)

- [ ] Grade School
- [ ] High School
- [ ] College
- [ ] Other

Students completing the MedStart Camp at any of the five camps are eligible for one college credit from Montana Tech of the University of Montana. If you would like an application or more information, check here \_\_\_\_\_

11. Please respond according to the parent(s)/guardian(s) with whom you live most of the time:

**Parent or Guardian #1**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent or Guardian #2 (Optional)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

12. High school presently attending: \_\_\_\_\_ City: \_\_\_\_\_

13. Name of Guidance Counselor: \_\_\_\_\_ School Phone: \_\_\_\_\_

14. Do you plan to attend college?

**YES:** [ ] 2 yrs. [ ] 4 yrs. [ ] Other: \_\_\_\_\_

**NO:** Other post-graduation plans: \_\_\_\_\_

15. How interested in a healthcare career are you? (Circle one)      **Not at all**      **Somewhat**      **Very**

16. How likely are you to pursue education in a healthcare field? (Circle one)      **Not at all**      **Somewhat**      **Very**

17. Please list, in order of preference, your top areas of career interest. (i.e.: physician, radiologic technician, nurse, etc....)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

18. Please list community service and/or volunteer activities you have participated in during high school.

19. Please list extracurricular activities (music, church, sports, etc.) in which you have been involved.

20. Please list any honors you have received while attending high school.

21. Please list any job experience while attending high school.

22. Have you applied to MedStart before? (Circle one)      **Yes**      **No**  
Have you attended MedStart before?      **Yes**      **No**

23. In which of the following have you participated:

- Expand Your Horizons: STEM for Girls Conference (Kalispell, Bozeman, Missoula)
- STEM Saturday (Billings)
- Heads Up Camp (Anaconda, Dillon, Helena, Billings, Shelby, Miles City)
- REACH (Research & Explore Awesome Careers in Healthcare) at your local hospital
- Student hospital internship program (credit or non-credit)
- Montana HOSA: Future Health Professionals

24. How did you hear about MedStart? (Please check all that apply)

- School (counselor, teacher, etc.)
- Online (where?): \_\_\_\_\_
- AHEC
- Hospital: \_\_\_\_\_
- Flyer/Poster
- Other: \_\_\_\_\_

25. Five MedStart programs will be offered in the summer of 2018. Based on your availability, interests, and preference, please rank the following five camp locations, with #1 being your first choice, #2 your second choice, #3 your third choice, #4 your fourth choice and #5 your fifth choice. Each MedStart runs until pre-designated time on Thursday. Students will be supervised until that designated time.

- Missoula: University of Montana (UM) – **June 10 – noon, June 14**
- Billings: Montana State University Billings (MSUB) – **July 8 – noon, July 12**
- Great Falls: University of Great Falls/Great Falls College – **June 24– noon, June 28**
- Miles City: Miles Community College (MCC) – **July 15 – noon, July 19**
- Butte: Montana Tech (MTECH) – **July 22 – noon, July 26**

26. Are you committed to any other summer programs that may overlap and/or conflict with MedStart Camp?      **YES**      **NO**  
**If yes, what dates conflict?**

27. By signing below, I (parent/guardian) of applicant \_\_\_\_\_ do acknowledge that I am aware that this student is applying to MedStart Camp for the 2018 summer session.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ESSAY QUESTIONS** - PLEASE PROVIDE DETAILED ANSWERS. If needed, feel free to use additional sheets of paper.

A. What interests you about the healthcare field? Have you had any personal experiences with the healthcare field?

B. Why are you interested in attending MedStart and how do you feel it could contribute to your career plans?

C. What opportunities have you had to learn about health professions? What barriers to learning about health professions have you experienced?

D. Do you believe there are interesting healthcare careers available in your community? If so, would you consider pursuing a healthcare career in your home town/region?

# Financial Aid Information & Scholarship Application

## Cost to attend MedStart Camp is \$500. Complete boxes 1-4.

Please note: Montana AHECs & sponsors do not discriminate based on information provided. However, preference for scholarships is given to students from low income backgrounds and underrepresented students, including those from: rural communities, racial, ethnic, or cultural minorities, students who are potential first generation college students.

I wish to pay the full amount to attend MedStart

I would like to be considered for a scholarship (fill out information below)

Check here

Check here

### 1. GEAR-UP SCHOLARSHIP Scholarship Amount: Full Tuition + Travel Stipend (25 available)

#### Who is Eligible?

Check here if you are a student from one of these GEAR-UP high schools and wish to receive one of 25 scholarships:

- |             |                |                |                     |         |
|-------------|----------------|----------------|---------------------|---------|
| - St. Regis | - St. Ignatius | - Arlee        | - Hardin            | - Troy  |
| - Browning  | - Heart Butte  | - Plenty Coups | - Lincoln County HS | - Libby |
| - Box Elder | - Rocky Boy    | - Harlem       | - Lincoln HS        | - Pryor |
| - Lame Deer | - Lodge Grass  | - Wolf Point   | - Thompson Falls    |         |

### 2. CVS WORKFORCE INITIATIVES HOSA SCHOLARSHIP Scholarship Amount: Full Tuition (4 available)

Check here if you are an affiliated MT HOSA Member and would like to be considered for 1 of 4 scholarships.

### 3. JOBS FOR MONTANA (JMG) MERIT SCHOLARSHIP Scholarship Amount: Full Tuition (2 available)

Check here if you are a current JMG student and would like to be considered for 1 of 2 scholarships.

For JMG scholarship information, contact: [ESwanson@mt.gov](mailto:ESwanson@mt.gov)

### 4. AHEC SCHOLARSHIP Scholarship Amounts: One quarter (1/4) to Full Tuition

#### Who is Eligible?

Students who meet any of the following criteria are eligible for **one or more partial** scholarships. A scholarship equal to one quarter of the full tuition is awarded for **each** of the following criteria. Please place a check beside **ALL** criteria that you meet and wish to receive a scholarship for:

A. While growing up, you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid, special loan/scholarship for disadvantaged students, etc.)  
 Check here if the answer is yes

B. You marked any of the groups listed in item 10, page 1  
 Check here if the answer is yes

C. While growing up, you have lived where there were few medical providers at a convenient distance.  
 Check here if the answer is yes

D. You reside in a household where neither parents/guardians attended college.

Parent or Guardian #1 Education Level:

(Check highest level completed)

- Grade School
- High School
- College
- Other

Parent or Guardian #2 Education Level:

(Check highest level completed)

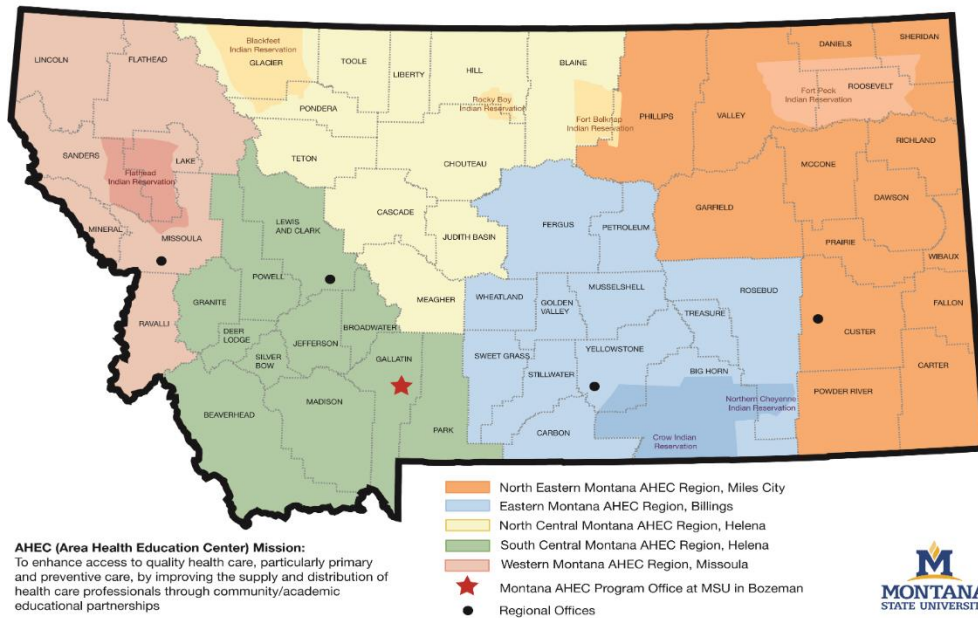
- Grade School
- High School
- College
- Other

Check here if the answer is yes

Contact your regional AHEC Office to find out if any additional scholarships are available in your region. See attached regional map.

- North Eastern AHEC Office: [bbrunk@montanahealthnetwork.com](mailto:bbrunk@montanahealthnetwork.com)
- Eastern AHEC Office: [nikole.bak@riverstonehealth.org](mailto:nikole.bak@riverstonehealth.org)
- North Central AHEC Office: [shani.rich@mtha.org](mailto:shani.rich@mtha.org)
- South Central AHEC Office: [natascha.robinson@mtha.org](mailto:natascha.robinson@mtha.org)
- Western AHEC Office: [martha.robertson@umontana.edu](mailto:martha.robertson@umontana.edu)

### Montana AHEC Regions



## MEDSTART RECOMMENDATION FORM

Please return this evaluation in a sealed envelope to the student. **\*\*Do Not Mail Separately\*\***

APPLICANT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

This student has asked you to provide an assessment of his/her suitability as a participant in the one-week MedStart summer program. The program is open to current sophomores and juniors (students who will be juniors and seniors in the fall of 2018). 150 students will be accepted state wide. Students may also be eligible for merit scholarships to cover their tuition costs based on academics, interest and motivation.

We are interested in mature, responsible, and motivated students who have:

- Previously demonstrated an interest in health careers (or could benefit from learning about such options)
- Demonstrated past academic achievement, or whom you feel are academically promising but whose grades may not currently reflect this.

Students who meet one or more of the following criteria are strongly encouraged to apply:

- Under-represented minority
- From a rural area
- Economically disadvantaged
- From a family in which neither parents are college graduates

Please evaluate the applicant in the following areas:

	LOWEST				HIGHEST
<b>LEADERSHIP SKILLS</b> -Problem solving, ability to see alternatives, etc.	1	2	3	4	5
<b>MOTIVATION</b> -Desire to achieve academically, self-initiative	1	2	3	4	5
<b>VERBAL SKILLS AND EXPRESSION</b> -Clarity and coherence	1	2	3	4	5
<b>INTERPERSONAL CONTACT</b> -Openness, ability to relate effectively to others	1	2	3	4	5
<b>RESPONSIBILITY</b>	1	2	3	4	5
<b>MATURITY</b>	1	2	3	4	5
<b>ACADEMIC ACHIEVEMENT</b>	1	2	3	4	5
<b>ACADEMIC POTENTIAL</b>	1	2	3	4	5

STUDENT'S STRENGTHS AS YOU SEE THEM:



STUDENT'S WEAKNESSES AS YOU SEE THEM:

WHY WOULD THIS STUDENT BENEFIT FROM A SUMMER PROGRAM LIKE MED START?

SUMMARY EVALUATION (overall impression of student and comments which may be helpful):  
Please use this sheet or attach a separate letter.

\_\_\_\_\_  
Signature, Date Evaluator's

\_\_\_\_\_  
School (or other organization) Department/Position

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

The deadline for MedStart Applications is March 9, 2018, so please return this form to the student in a sealed envelope prior to this date. **\*\*Do Not Mail Separately\*\*** The student will return this with other application materials. Your time is much appreciated!  
Thank you!