



55 Clinton Street Springfield VT 05156 802.885.2126

# 2016 Advanced MedQuest Application Deadline: Friday, February 26, 2016

### Program Dates: Tuesday July 26<sup>th</sup> – Saturday, July 30<sup>th</sup> 2016.

This program is for Southern VT AHEC MedQuest alumni, ONLY. The application is to be completed by the student.

Name:					Birth D	Date:					
Last Name of High School:	MI		First								
Mailing Address:											
Home Tel:	Street	Cell #:			Gender:	•					
E-Mail:											
Parent E-mail:											
VSAC Student?: Yes	_ No <b>If</b>	Yes, VSAC Co	unselor's l	Name:							
Will you be a 1 <sup>st</sup> generat	ion college s	tudent (neither	of your parer	nts have a 4	-year degree):	Yes	No _				
1. What have you done	since MedQ	uest to further	vour inter	est in a he	ealth career.	either i	n or out o				

- school?
- 2. What extracurricular sports, community or job activities are you involved in?

3. If you are a graduating high school senior, what are your plans for Fall 2016? If you will be in high school in the Fall 2016, what courses do you plan to take?

### JOB SHADOWING

Job Shadowing is the cornerstone of Advanced MedQuest. As Alumni of the MedQuest program, you are familiar with the job shadow process.

At Advanced MedQuest this year, you will participate in two job shadows. These shadows will be pre-determined by you and SVAHEC staff. You will be expected to have a phone/video conference with SVAHEC staff prior to Advanced MedQuest to discuss your career interests and goals and work together to find a shadow that will get as close to your goals as possible. This will allow you to have quality shadows that are both beneficial to you and your preceptor.

#### Please state your current career interest\_

Please Note: UVM Medical Center does not allow high school students to shadow in the Emergency Department or the Operating Room or OB/GYN. We will work with you to find an alternative shadow for you if one of these areas is your career goal.

### PERSONAL STATEMENT

This personal statement will demonstrate your ability to organize your thoughts and express yourself. On another piece of paper, Please write an essay (250-500 words) using a topic from the options listed below.

- Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- \_\_\_\_ State an issue of concern and why it is important to you.
- Name a person who has had a significant influence on you and tell us why.

### REFERENCES

Your application requires one (1) reference forms from a high school teacher, guidance counselor, VSAC counselor, volunteer coordinator or other non-family reference. Your application will not be considered for admission without a reference. References can be mailed in separately. Please indicate below who will be providing your references:

Name of Reference:

### SIGNATURES

<b>STUDENT:</b> I certify that the information given in this application is true and correct.							
Signature of Applicant:	Date:						
TO BE COMPLETED BY PARENT/GUARDIAN Name of parent/guardian: Please Print Laive permission for	to attend AMO 2016						
I give permission forto attend AMQ 2016. I am requesting a scholarship for my daughter/son. Yes No If yes, you must complete the Scholarship Application form and return it with this Advanced MedQuest application.							
The cost to attend the program is \$500. A \$150.00 nonrefundable deposit is due April 1, 2016 after the student is notified of admission to Advanced MedQuest. The remaining \$350 is due by June 1 <sup>st</sup> .							
Signature of parent/guardian:	Date:						
Please refer to the sizing chart below and circle your clothing s	size.						

Men's & Women's:	xxs	xs	S	Μ	L	XL	XXL
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Women's size chart

Men's Size Chart

If your	XXS	XS	S	м	L	XL	2XL	If your	XXS	XS	s	м	1	XL	2XL
Size	4	6-8	10-12	14-16	18-20	22	24	ii your	~~~	~ ~ 3		int .	L	AL.	201
								Chest	28-30	29-31	31-34	35-38	39-42	43-46	47-50
Bust	30-31	32-34	35-371/2	38-41	411/2-44	441/2-461/2	47-49				-				
Waist	22-23	23-25	26-281/2	29-311/2	32-351/2	36-371/2	38-401/2	Waist	21-25	26-28	29-31	32-34	35-38	39-42	43-46
								Hips	31-32	34-35	36-38	39-41	42-45	46-49	50-53
Hips	32-331/2	34-361/2	37-381/2	39-41	411/2-45	451/2-47	471/2-491/2	mps	31-32	34-33	50-50	39-41	42-43	40-49	30-33

Please visit www.amsuniforms.com for more information on sizing.

## Mail your completed application to:

Beth Brothers SVAHEC 55 Clinton Street, Suite 1 Springfield, VT 05156

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### 2016 ADVANCED MEDQUEST REFERENCE FORM

Deadline: February 26, 2016

Advanced MedQuest is a health careers exploration program of Southern Vermont Area Health Education Center. This 5-day residential program will be held at the University of Vermont, July 26-30, 2016. Students will be selected through a competitive application process. Students applying to this program have already completed a MedQuest program. Student must submit one, non-family reference. This reference must be received by our office by the deadline or the student's application will not be considered.

Student's Name: \_\_\_\_\_\_ High School: \_\_\_\_\_

Your Name: \_\_\_\_\_\_

Relationship with student:

Student's strengths as you see them:

### Student's challenges as you see them:

Please rate the student in the following areas and provide comments:

Social Skills:	poor					
Respect for teachers or adults	1	2	3	4	5	
Appropriate interaction with peers	1	2	3	4	5	
Interacts with many groups of people	1	2	3	4	5	
Adapts to new settings easily	1	2	3	4	5	
Communicates clearly and effectively	1	2	3	4	5	

Please comment on your overall impression of the student's social skills:

Motivation:	poor	,			excellent
Works hard to achieve his/her full potential	1	2	3	4	5
Gets excited about learning new things	1	2	3	4	5
Sets challenging goals for himself/herself	1	2	3	4	5

Please comment on your overall impression of the student's level of motivation:

### ADVANCED MEDQUEST 2016

Personality & Skills:	роог	•			excellent
Leadership ability	1	2	3	4	5
Identifies and makes good choices	1	2	3	4	5
Ability to sit through presentations that may not be of interest	1	2	3	4	5
Maintains a positive attitude	1	2	3	4	5
Is a responsible, considerate, mature adolescent	1	2	3	4	5
Will interact professionally with patients and professionals	5 1	2	3	4	5

Please comment on your impression of the student's personality, maturity and skills:

Academic ability/interests:	poor	•			excellent
Strong interest in healthcare careers	1	2	3	4	5
Interest in career education	1	2	3	4	5
Turns in work on time (if applicable)	1	2	3	4	5
Takes assignments seriously and does a thorough job	1	2	3	4	5
Asks questions/is eager to learn	1	2	3	4	5

Please comment on your impression of the student's academic ability and interests:

### Check any/all that apply:

- \_\_\_\_\_ Student is struggling with some difficulties in life right now
- Student has struggled but has been working hard to make improvements
- Student requires frequent behavioral redirection
- Student is shy but is able to act in a professional manner

### **Additional Comments:**

Signature: \_\_\_\_\_

Date:

Mail/Fax To: Beth Brothers Southern Vermont AHEC 55 Clinton Street, Suite 1 Springfield, VT 05156 Fax: 802-885-2128

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Southern Vermont Area Health Education Center (AHEC) Connecting Students to Careers, Professionals to Communities, and Communities to Better Health 55 Clinton Street, Springfield, VT 05156 Telephone: 1.802.885.2126; Fax: 1.802.885.2128; <u>bbrothers@svahec.org</u>





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### 2016 ADVANCED MEDQUEST SCHOLARSHIP APPLICATION

Student Name:	
Mother's Name:	Occupation:
Place of Employment:	
Father's Name:	Occupation:
Place of Employment:	

The Advanced MedQuest fee is \$500. Once a student is accepted into the program, the \$150 nonrefundable deposit is due by April 1, 2016. The remaining \$350 is due by June 1, 2016.

### TO BE COMPLETED BY PARENT:

How much do you feel you can contribute towards the tuition? \$\_\_\_\_\_(We ask every family to contribute something towards the cost of this program.)

If your student is not awarded a scholarship, will they be able to attend?

Please tell us why you are in need of a scholarship:

**TO BE COMPLETED BY THE STUDENT:** Please tell us why we should consider you for a scholarship?

Signature of Parent

Date