UNMC High School Alliance
A Health Sciences Enrichment Program

2014-2015 Student Application Checklist

Applications and all supporting materials are due by 4:00 p.m. on Friday March 7, 2014

☐ Application
☐ One-page essay
☐ Certification of Application Signatures
☐ School Transcripts
☐ Counselor Certification Form
☐ Two Recommendation Forms

All forms can be found at www.unmc.edu/alliance. Teachers and administrators completing the recommendation forms can email them to unmchsalliance@unmc.edu, fax to (402) 559-9862, or mail to: UNMC High School Alliance, 985330 Nebraska Medical Center, Omaha NE 68198-5330

Contact Information:
Phone: (402) 559-3027
Fax: (402) 559-9862
Email: unmchsalliance@unmc.edu
Web: www.unmc.edu/alliance
UNMC High School Alliance
A Health Sciences Enrichment Program

2014-2015 Student Application

Applications and all supporting materials are due by 4:00 p.m. on Friday March 7, 2014

Eligibility Requirements:
To be considered for participation in the UNMC High School Alliance, applicants must:

- Be a junior or senior and at least 16 years of age at the beginning of the 2014-2015 school year
- Have completed and received a grade of “B” or better in Algebra 1, Biology, a physical science course, and a third year of science (juniors can be currently enrolled in their third year of science)
- Obtain parental/guardian permission
- Be enrolled in a participating high school for the entire school year (early graduation or transferring to a non-participating high school will make students ineligible for the program)
- Be on track for graduation

Application Materials:
We strongly encourage typed applications, but we will accept applications completed with blue or black ink (no pencil) and contain:

- Application form (including one-page essay, parent/guardian and student signatures)
- School transcripts
- Counselor certification form
- Two recommendations from school faculty or administrators, at least one of which must be from a math or science teacher

The forms can be emailed to unmchsalliance@unmc.edu, faxed to (402) 559-9862, or mailed to UNMC High School Alliance, 985330 Nebraska Medical Center, Omaha NE 68198-5330.

Selection Information:
Students are considered for the program if they submit a complete application, meet all eligibility requirements, and complete an interview. Final selection to the program is determined by a lottery drawing based on the student quota for each participating school district.

Immunization Information:
If a student is selected to participate in the UNMC High School Alliance program, s/he must submit immunization records against the following diseases: measles, mumps, rubella, hepatitis B, tetanus, diphtheria, pertussis, polio, and varicella (chicken pox). Students must also submit their tuberculosis skin testing records. These records MUST be submitted before classes begin. The UNMC Student Health Office will maintain all immunization records.
General Information:

STUDENT INFORMATION

Student Name:____________________________________________________________

High School:______________________________________________________________

Last four (4) digits of Social Security Number:____________________________________

Student High School I.D. Number:_____________________________________________

Date of Birth:____________________________  Current grade:_____________

Home address:______________________________________________________________

Home telephone:__________________________________________________________

Cell phone:_______________________________________________________________

Personal (not school) email address:___________________________________________

Has the student attended any other high school?  Check one: ____yes  ____no
If “yes”, which high school? __________________________________________________

Has the student ever been suspended or expelled from a high school?  Check one: __yes __no
If “yes”, in the space below, please indicate from which high school and the reason for the action.

Is the student eligible for the free and/or reduced lunch program at his/her high school?

Check one: _____yes _____no
PRIMARY PARENT/GUARDIAN INFORMATION

Name:____________________________________________ Relation:__________

Home address:__________________________________________________________
City  ST  Zip

Home telephone:_________________________________________________________
Cell phone:_____________________________________________________________
Email address:___________________________________________________________

SECONDARY PARENT/GUARDIAN INFORMATION (if applicable)

Name:____________________________________________ Relation:__________

Home address:__________________________________________________________
City  ST  Zip

Home telephone:_________________________________________________________
Cell phone:_____________________________________________________________
Email address:___________________________________________________________

Academic Information:
Eligibility is limited to students who have taken Algebra 1, Biology, a physical science course, and a third year of science (juniors can be currently enrolled in their third year of science). Students may be enrolled in other science courses while taking High School Alliance classes. In addition, students must have received a grade of “B” or better in each of these subjects.

Transcripts must be included with the application and will be checked to ensure that these criteria are met.
Please print the name and contact information of your high school guidance counselor:

Name:______________________________________________________________

Title:______________________________________________________________

Email address:______________________________________________________

Telephone number:___________________________________________________

Other Information:
(You may use the space provided or attach additional pages)

What are your career interests?

List your school activities, community activities, honors received, and offices held.
Describe your high school attendance history.

List any courses or training you have completed that will help us evaluate your qualifications for enrollment in the UNMC High School Alliance.

On a separate piece of paper, please explain why you are applying for enrollment in the UNMC High School Alliance and your interest in a health science career. **Your responses must be typed, 250 words or less, and limited to one page.**
Certification of Application Information:

As an applicant for the UNMC High School Alliance program, I certify that I have provided true, accurate, and complete information. By signing my name below I am agreeing to the following statements:

If my school district does not provide transportation, I understand that I am responsible for transportation to and from UNMC as a condition of my participation in the UNMC High School Alliance program. I will check with my school district to determine transportation options.

I understand that the school calendar for the UNMC High School Alliance may be different from that of my school, and that I am required to attend the UNMC High School Alliance when it is in session, even if my school is not.

I understand that I will be required to wear a uniform every day and agree to do so. The uniform will consist of a polo shirt (provided by the UNMC High School Alliance), khaki-colored pants, and closed-toe shoes. I understand that I am responsible for my own khaki-colored pants and closed-toe shoes.

I agree to submit immunization records and to fulfill any immunization requirements, before classes begin.

I understand that my school behavior record will be checked, and any negative results may be grounds for denying admission into the program.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected to attend the UNMC High School Alliance, falsified statements may be grounds for dismissal from the program.

I authorize an investigation of all statements contained herein and the recommendations listed in this application, and release all parties from liability for any damage that may result from said investigation.

______________________________   ____________________
Student Signature      Date

______________________________   ____________________
Parent/Guardian Signature     Date
Submission Information:

In addition to the application, the following information must be submitted:

- A copy of the student’s school transcripts
- Two recommendation forms completed by teachers, a counselor, or a school administrator. At least one of the recommendations must be from a math or science teacher. All recommendation forms must be sent by the persons making the recommendation. Please email the completed forms to unmchsalliance@unmc.edu, fax them to (402) 559-9862, or mail them to UNMC High School Alliance, 985330 Nebraska Medical Center, Omaha NE 68198-5330.
- The Counselor Certification Form
- A one-page essay

The UNMC High School Alliance must receive applications and supporting materials by 4:00 p.m. on Friday, March 7, 2014.*

Contact Information:
UNMC High School Alliance
985330 Nebraska Medical Center
Omaha, NE 68198-5330
Phone: (402) 559-3027
Fax: (402) 559-9862
Email: unmchsalliance@unmc.edu
Web: www.unmc.edu/alliance

*Applicants are not required to notify the UNMC High School Alliance of a disability during the application process. However, those applicants who need accommodations for the interview itself should contact 402-559-3027 or unmchsalliance@unmc.edu as early as possible to allow for the provision of accommodation in a timely manner.
UNMC High School Alliance
2014-2015 Counselor Certification Form

The UNMC High School Alliance is a health sciences enrichment program for students interested in health professions. As a part of the program, students interact with a variety of health professionals, patients, and researchers. Students must exhibit professional behavior at **ALL** times. There is zero tolerance for inappropriate, immature, and/or unprofessional behavior.

This is a competitive program in which only 55 spaces are available. We are asking for your assistance in identifying students who, because of disciplinary, low academic performance, or attendance issues, would not be an appropriate fit for the program.

Please complete the following confidential form. The counselor completing this form should return it to UNMC through one of the following methods:

- Scan and email to unmchsalliance@unmc.edu
- Fax to: (402) 559-9862
- Mail to: UNMC High School Alliance, 985330 Nebraska Medical Center, Omaha, NE 68198-5330

This form is a required component of each student’s application. Please return the form before Friday, March 7, 2014.

Student Name:___________________________  School:_________________________

<table>
<thead>
<tr>
<th>Attendance Record (check one)</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disciplinary/Behavioral Record (check one)</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>
Please explain any “unsatisfactory” rating(s), or provide information that may be helpful during the selection process:

Based on the student’s disciplinary/behavioral record, and attendance record, would you recommend that s/he be selected to participate in the UNMC High School Alliance?

________ Yes  __________ No

Counselor Name (please print)  Counselor Signature

____________________________________  ______________________________

Phone Number  Email Address
2014-2015 UNMC High School Alliance
Administrator or Faculty Recommendation Form

Student Name:___________________________________________ Grade:________

School:_______________________________________________________________

The following chart is provided for the administrators and/or faculty who know the student well enough to give an accurate assessment of him/her. This is a competitive program in which only 55 spaces are available. We are asking for your assistance in recommending students who would be an appropriate fit for the program.

Recommendations will not be accepted from anyone other than faculty and/or administrators. This is a confidential recommendation form. The person completing this form should return it to the UNMC High School Alliance before Friday, March 7, 2014 through one of the following methods:

- Scan and email to: unmchsalliance@unmc.edu
- Fax to: (402) 559-9862
- Mail to: UNMC High School Alliance, 985330 Nebraska Medical Center, Omaha NE 68198-5330

Assessment Chart:

<table>
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<tr>
<th></th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
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<tr>
<td>Attitude</td>
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<td>Effort</td>
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<tr>
<td>Interpersonal Skills</td>
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<tr>
<td>Academic Performance</td>
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</tbody>
</table>

Please explain any “unsatisfactory” rating(s):

Other comments that will indicate the student’s qualification for this program:

Printed name:____________________________ Signature:____________________________

Teaching Area/Title:___________________________________________________________

Date:_____________________________________________________________________
2014-2015 UNMC High School Alliance
Math or Science Teacher Recommendation Form

Student Name:___________________________________________ Grade:________

School:_______________________________________________________________

The following chart is provided for the math and/or science teachers who know the student well enough to give an accurate assessment of him/her. This is a competitive program in which only 55 spaces are available. We are asking for your assistance in recommending students who would be an appropriate fit for the program.

Recommendations will not be accepted from anyone other than math or science teachers. This is a confidential recommendation form. The person completing this form should return it to the UNMC High School Alliance before Friday, March 7, 2014 through one of the following methods:

- Scan and email to: unmchsalliance@unmc.edu
- Fax to: (402) 559-9862
- Mail to: UNMC High School Alliance, 985330 Nebraska Medical Center, Omaha NE 68198-5330

Assessment Chart:

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</tr>
</tbody>
</table>

Please explain any “unsatisfactory” rating(s):

Other comments that will indicate the student’s qualification for this program:

Printed name:___________________________________________ Signature:_____________________________________

Teaching Area/Title:________________________________________________________

Date:______________________________________________________________________