**2011-2012 Gwinnett Medical Center/Medical Explorers Application Form**

All information submitted with this application is confidential.

Candidates must be referred by GMC associate/physician.

**TYPE ONLY - HAND WRITTEN APPLICATIONS OR ESSAYS WILL NOT BE ACCEPTED**

|  |
| --- |
| **Personal Information** |
| Name:        | Birth date:      |
| Address:      | City:      | Zip      |
| Cell Phone:      | Home Phone:      | Work Phone:      |
| Email address #1 :       Email address #2 :       |
| **Employment Information of Referring Sponsor** |
| Referring Sponsor at GMC:     Name:       | Job Title:      | Department/Phone Number     /      |
| **Educational Information** |
| School      | Grade (must be Junior or Senior this year):Check: [ ] JUNIOR or [ ]  SENIOR |
| Honors/Organizations/School Activities      |
| Special Interests in Healthcare      |
| Volunteer Activities      |
| **References** |
| Attached are two reference letters to be completed by teachers.Teachers may handwrite the references, but they **MUST be submitted along with the application and essay in ONE** **COMPLETE PACKET** (to the program address listed below). They may be submitted in sealed envelopes if the teacher prefers.Teacher Name #1:      nTeacher Name #2:       |
| **Essay** |
| Write a **brief** essay (200 words maximum) on your interest in the healthcare field and why you would like to considered for the Medical Explorers program (see page 2 of application for essay information). |
| **Submission** |
| Mail or deliver, **one completed packet** with the application, essay, two teacher references, and an official school transcript of the previous years, by **September 13**, 2011 to: Learning Resources Dept/Medical Explorers100 Medical Center Blvd, Suite 115Lawrenceville, GA 30046**No phone calls, emails or faxes will be accepted or returned for the application process.**All applicants will be notified of their status by September 30th. |
| **Applicant’s Statement**I hereby state that all of the information that I provide on this application and is true and accurate. I understand that if I am accepted and any such information is later found to be false in any respect, I may be dismissed from the Scholarship program.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date |

|  |
| --- |
| **Essay** |
| Include answers to the following questions:* Why are you interested in a healthcare career?
* What are your area(s) of interest in healthcare?
* Why do you want to be considered for the Medical Explorers program?

TYPE ONLY –NO HANDWRITTEN ESSAYS WILL BE ACCEPTED-200 WORDS MAXIMUM |
|  |

Dear Teacher:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for membership in Gwinnett Medical Center’s

 Medical Explorers Program. Medical Explorers is a program that provides high school students interested in the healthcare field the opportunity to interact and learn from healthcare professionals. You have been selected by the student to give a reference and comment on the following areas.

**Please provide the following information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of teaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate on a scale from 1 (lowest) to 5 (highest) the following areas:**

Demonstrated responsibility level 1 2 3 4 5

Eagerness to learn 1 2 3 4 5

Ability to listen effectively 1 2 3 4 5

Expressed interest in the healthcare field 1 2 3 4 5

Why would you recommend this student for the GHS Medical Explorers program?

Reference Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this reference. This reference must be received by **September 13, 2011 in order for the student to be considered for the program**. You may place it in a sealed envelope and return it to the student. It must be submitted at the same time with the application, essay and transcripts to the Medical Explorer Program for candidate consideration. Thank you for your time with this student.

Dear Teacher:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for membership in Gwinnett Medical Center’s

 Medical Explorer Program. Medical Explorers is a program that provides high school students interested in the healthcare field the opportunity to interact and learn from healthcare professionals. You have been selected by the student to give a reference and comment on the following areas.

**Please provide the following information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of teaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate on a scale from 1 (lowest) to 5 (highest) the following areas:**

Demonstrated responsibility level 1 2 3 4 5

Eagerness to learn 1 2 3 4 5

Ability to listen effectively 1 2 3 4 5

Expressed interest in the healthcare field 1 2 3 4 5

Why would you recommend this student for the GMC Medical Explorers program?

Reference Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this reference. This reference must be received by **September 13, 2011 in order for the student to be considered for the program**. You may place it in a sealed envelope and return it to the student. It must be submitted at the same time with the application, essay and transcripts to the Medical Explorer Program for candidate consideration. Thank you for your time with this student.