



Health and Medical Sciences Academy 2016

APPLICATION

& Public Schools Consortium Partnership

Eligible students are rising 10th or 11th graders with a strong interest in pursuing a **Health and Medical Sciences Career Pathway**. Selected students commit to the following schedule:

June 20	9:00A-4:00P	Winchester Medical Center	Career exploration/experiential learning/tour
June 20-24-	9:00A-12:00P	Lord Fairfax Community College--	College credit course - SDV101- <i>Introduction to Health Professions</i>
June 21-22	1:30-3:30P	Shenandoah University Skills Labs	Hands on skills exploration
June 23-24	12:30 -2:00P	Lord Fairfax Community College Skills Labs	Hands on skills exploration
June 24	2:00-3:00P	Lord Fairfax Community College	Celebration/recognition program and wrap-up

Application Process

1. Applications/Announcement **released February 1**
2. Completed applications to your high school counselors office **due by March 13**
3. Student notification of selection **announced April 11**
4. Three students and two alternates chosen by the high school counselor office at each school. (Exception: Frederick County Public Schools to select four students and two alternates at each high school). Selected students AND alternates to complete registration packet.

NO COST for Rappahannock County High School Students!

- ~~5. **COST**—registrations and payment TOTAL **\$300 due by April 30 (two separate payments)**~~
 - ~~a. **LFCC**~~
 - ~~• **\$171.65** paid to LFCC for SDV 101. Obtain dual enrollment form from your counselor. **You must have applied to the college and taken both the English and math placement tests before May 5** No textbook required for class.~~
 - ~~b. **WMC**~~
 - ~~• **\$128.35** registration fee paid to Winchester Medical Center (WMC) due upon acceptance to the Health Sciences Academy. Submit complete registration forms at time of payment. Lunches x5 days included in cost of registration fee.~~
6. **Alternates notified of possible selection by May 18**
7. ~~**Scholarships** may be available—check with School Counselors—support varies by school system.~~

Contact for the Health Science Academy:

VALLEY HEALTH SYSTEM

Lisa M. Zerull, PhD, RN

Academic Liaison &

Winchester Medical Center/Valley Health

Office 1870 Amherst St., MOB 1, level 3 Suite 3J

Winchester VA 22601

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PARTNER HIGH SCHOOLS

School Counselors

Clarke County

Frederick County

Page County

Rappahannock County

Shenandoah County

Warren County

Winchester City



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Applicant Section (please print)	Email
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Last Name	First Name	M.I.	Street Address	City/State/Zip
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Date of Birth	High School	Current Grade
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	Math (enrolled)	Science (enrolled)
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<input type="checkbox"/>	Have you previously attended a local hospital youth education event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Your GPA	I will or will not (<i>circle one</i>) need transportation to and from the Health Sciences Academy portion of the program.
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Current Math course in which you are enrolled	Current Science OR health professions course in which you are enrolled
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Current Math teacher's signature supporting my application to the Health Sciences Academy	Current Science or health professions teacher's signature supporting my application to the Health Sciences Academy
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List your leadership community service activities. Include participation in student organization competitive events and sports.

Agreement/Memo of Understanding

- ~~1) Cost of the Health Sciences Academy includes: LFCC SDV101, Valley Health and Shenandoah University activities/labs, medical supplies, snacks, lunches, and transportation (if needed). Scholarships are available. Transportation each AM is the responsibility of the parent/legal guardian or public school system, as applicable. RCPS will be providing the transportation for the accepted students~~
- 2) Daily on-time attendance for all activities and LFCC course is required.
- 3) Up-to-date immunization records and a recent TB test will be required.

I understand the above conditions and agree to fully participate in all the requirements of the Health Sciences Academy. I understand that my registration fees are not refundable.

Parent or Guardian Signature	Student Signature
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Page 2.....Please write a short essay to answer the following questions:
(You may use the back of the paper if needed.)

- *What health care profession / related career is of most interest to you and why?*
- *What personal qualities do you possess that would make you excel in a healthcare career?*
- *Why should we select you for the Health Sciences Academy program? What motivates you to seek a career in healthcare?*