

**MARQUETTE UNIVERISTY  
HEALTH CAREERS OPPORTUNITY PROGRAM  
SUMMER SCIENCE ENRICHMENT PROGRAM I, II, III**

**INSTRUCTIONS:**

Please type, or print clearly in black ink.  
Complete each section  
**Early Acceptance date - March 1 of current year**  
**Include official transcript of all grades, and return no later than April 1 of current year**  
Two Letters of recommendation should be sent directly from person making recommendation  
Attach a 2x2 passport size picture to your application  
Include a copy of your birth certificate to show proof of residency  
Copy of Parents Tax Return

<b>APPLICANT INFORMATION</b>		
First Name:	Middle Initial:	Last Name:
Social Security #:	Date of Birth:	Gender: M / F
Current Address I WILL BE ADDRESS UNTIL ___/___/___		Permanent (Parent's) Address
Street Address:		Street Address:
City:		City:
State:	Zip:	State: Zip:
Area Code:	Phone:	Area Code: Phone:
Most frequently utilized e-mail address:		
<b>CITIZENSHIP</b>		
What city and state/country are you originally from? _____		
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident Alien # _____		
<input type="checkbox"/> Non-Resident Alien		
<b><i>If you are not a US citizen Proof of residency is required (i.e. driver's license, passport or immigration card)</i></b>		
<b>ETHNIC/RACIAL IDENTITY</b>		
<i>Please check one</i>		
<input type="checkbox"/> 1 = American Indian or Alaska Native		<input type="checkbox"/> 5 = Native Hawaiian or other Pacific Islander
<input type="checkbox"/> 2 = Asian (Specify): _____		<input type="checkbox"/> 6 = White
<input type="checkbox"/> 3 = Black or African American		<input type="checkbox"/> 7 = Unknown
<input type="checkbox"/> 4 = Hispanic or Latino (Specify): _____		<input type="checkbox"/> 8 = Other (Specify): _____
Do you have any Physical Disabilities that necessitates specifically designed instructional materials or programs, modified physical facilities, or related services to enable full participation in and access to the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Specify:		
<b>ACADEMIC INFORMATION</b>		
<i>Please list all high schools and attended.</i>		
<b>1. Name of Current High School:</b>		
Address		
City:	State:	Zip Code:
Current Year in School: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Other Expected Graduation Date (mo./year): ___/___/___		
Current GPA (Cumulative): Current GPA (Science): Grading Scale (Please Check): <input type="checkbox"/> 4.0 <input type="checkbox"/> Other:		
Did you take courses in biology or chemistry? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please list the biology or chemistry courses you have taken and/or are currently enrolled in:</i>		

<b>PROGRAM OF INTEREST</b>
Please select one area of interest.
<input type="checkbox"/> Biomedical Sciences <input type="checkbox"/> Clinical Laboratory Sciences <input type="checkbox"/> Dentistry <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician Assistant Studies <input type="checkbox"/> Speech Pathology & Audiology
<b>EXTRA CURRICULAR ACTIVITIES</b>
Please list any extracurricular activities you participate in below (sports, hobbies, clubs, etc.):
<i>Have you ever participated in a health careers program (i.e. health club, internship/externship, mentoring)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the program name, sponsor, dates, city, and state below:

<b>PARENT INFORMATION</b>
<b>Father's / Guardian's Name:</b>
Circle highest grade completed:    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16
Did your father/guardian attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please check the highest level of degree obtained:</i>
<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other _____
Occupation:
Employer:
<b>Mother's / Guardian Name</b> _____
Circle highest grade completed:    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16
Did your mother/guardian attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please check the highest level of degree obtained:</i>
<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other _____
Occupation:
Employer:

<b>FAMILY INFORMATION</b>
<i>How many siblings do you have?</i>
<i>What is their range in age?</i>
<i>Have any of them attended college?   <input type="checkbox"/> Yes   <input type="checkbox"/> No    If yes, how many?</i>
<i>Have any attended graduate school?   <input type="checkbox"/> Yes   <input type="checkbox"/> No    If yes, how many?</i>
<i>Do you have any relatives in a health profession?   <input type="checkbox"/> Yes   <input type="checkbox"/> No    Which specific fields?</i>

**FINANCIAL INFORMATION**

What is your parents' combined income as reported in the federal income tax form 1040 or 1040A for last year?  
 (Please enclose a copy) \$ \_\_\_\_\_

If you are an independent student what is your income as reported in the federal income tax form 1040 or 1040A for last year?  
 (Please enclose a copy) \$ \_\_\_\_\_

**HCOP OUTREACH**

How did you hear about our program?  Ad  Counselor  Friend  Website  Other \_\_\_\_\_

Please name the source/person:

Source's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REFERENCES**

*List names and titles of three individuals who will complete your HCOP Recommendation Forms. Applicant must submit at least two academic recommendations (teacher). Please do not list relatives and friends as references.*

<b>Name</b>	Phone: (     )
Title	Best time to contact:
E-mail address (optional)	
<b>Name</b>	Phone: (     )
Title	Best time to contact:
E-mail address (optional)	
<b>Name</b>	Phone: (     )
Title	Best time to contact:
E-mail address (optional)	

**PERSONAL STATEMENT**

**Please provide a short essay in which you introduce yourself.** Explain why you want to participate in this program and why we should choose you as a participant. Attach your essay to the application.

**VERIFICATION STATEMENT**

I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in this or future Marquette University Health Careers Opportunity Programs.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (If student is under age 18)

\_\_\_\_\_  
 Date

**INFORMATION RELEASE**

To be completed by the student:

I, \_\_\_\_\_, am applying for admission to Marquette University Health Careers Opportunity Program. I am aware of the provisions of the Family Educational Rights and Privacy Act and hereby authorize the release of the requested information directly to Marquette University Health Careers Opportunity Program (i.e. transcript, letters of recommendation, etc.). I realize that I may not view some of the information requested, for example, letters of recommendation. I understand that Marquette University will also maintain records of my performance in program activities. I agree to the release of this information to Marquette University staff members and the U.S. Department of Health and Human Services.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (If student is under age 18)

\_\_\_\_\_  
Date

*Marquette University does not discriminate on the basis of race, national origin, gender age, or disability.*

Please mail your form to:  
Mr. Manuel Santiago  
Marquette University  
Health Careers Opportunity Program  
Walter Schroeder Health Sciences and Education Complex #346  
P.O. Box 1881  
Milwaukee, WI 53201-1881

Return Item Checklist

2 recommendation letters \_\_\_\_  
Official Transcripts \_\_\_\_  
Copy of Birth Certificate \_\_\_\_  
Biographical Sketch \_\_\_\_  
Copy of Parents Tax Return \_\_\_\_\_

**MARQUETTE UNIVERSITY  
HEALTH CAREERS OPPORTUNITY PROGRAM  
SUMMER SCIENCE ENRICHMENT PROGRAM IN HEALTH CARE**

This Summer Science Enrichment Program I, II, and III, offers 36 high school students an opportunity to be exposed to the exciting field of health care and to strengthen their science backgrounds. The 6-week program will be held from early June through late July. Provisions are made by Marquette University's Health Careers Opportunity Program and funding through grants from the U.S. Department of Health and Human Services (HHS), Division of Disadvantaged Assistance, Bureau of Health Professions.

This program has been designed to allow participants an opportunity to interact with professionals and students who will provide mentoring and academic support. Students will receive information on the various health care specialties, such as physical therapy, physician assistants, dentistry, clinical laboratory sciences, biomedical sciences, speech pathology and audiology, as well as the skills and attributes necessary to succeed in the professions. Additional emphasis will be placed on developing strong academic skills in preparation for an education in health care. Students will also develop specific skills working in laboratory settings.

**Summer Curriculum**

<b>Courses:</b>	<b>Biology</b>	<b>Algebra</b>
	<b>Anatomy</b>	<b>Geometry</b>
	<b>Chemistry</b>	<b>Physics</b>
	<b>Physiology</b>	
	<b>Health Care Tracks</b>	
<b>Field Trips:</b>	<b>Medical College of Wisconsin</b>	
	<b>St. Luke's Medical Center</b>	
	<b>Rehab Designs</b>	
	<b>Sports Medicine Institute</b>	
	<b>Geriatric Centers</b>	
<b>Seminars:</b>	<b>Academic Skills Workshops</b>	
	<b>Career Presentations</b>	
	<b>Admissions and Financial Aid</b>	
	<b>Academic, Financial and Personal Counseling</b>	

**Eligibility Criteria**

- ❖ Be a sophomore, junior, or senior entering in the fall of current year
- ❖ Have a minimum grade point average of 3.0 ( transcripts required)
- ❖ Have completed two classes of biology and /or chemistry
- ❖ Be financially, based on federal guidelines disadvantaged, or educationally disadvantaged, (i.e. first generation college)
- ❖ Individuals from non-underrepresented groups are considered on a case basis

**Cost**

There is no cost for students to participate in the Summer Science Enrichment Program. Marquette University will provide the students with both food and lodging for the duration of the program.

Transportation cost to and from Marquette University will be provided for selected students.

If you are interested in applying to our program, contact us at the address below or send us a completed application.

**Marquette University  
Department of Physical Therapy  
Health Careers Opportunity Program/Summer Program  
Walter Schroeder Complex, Room 346  
P.O. Box 1881  
Milwaukee, WI 53201-1881  
(414) 288-5505  
Fax: (414) 288-5987**

02/24/05