

# COLLEGE PREP ACADEMY

## Health Careers Opportunity Program to Increase Needed DiversitY (HCOP INDY)

September 30, 2017- February 10, 2018

at *University of Indianapolis*  
*“Enter to learn...Leave to serve”*



### ENROLLMENT CRITERIA:

- Student **MUST** live in Marion County
- Student is economically and educationally disadvantaged
- Current 11th through 12th graders for the 2017-2018 school year

### FOCUS ON:

- Cultural Competency
- Self-Discovery
- Academic Enrichment
- SAT/ACT Prep
- Knowledge of healthcare fields
- College readiness

### **\$800 Student Stipend**

- College Prep Academy is a 20-week Saturday academic program for high school students with an interest in the healthcare field.
- The Academy is geared toward students interested in learning educational skills needed to apply and become accepted in a health-related school.

**\*\* Only 2 excused absences are allowed throughout the entirety of the program \*\***

### LOCATION OF COLLEGE PREP ACADEMY

University of Indianapolis

**\*Will continue to accept applications until program is full\***

Email: [goldentn@uindy.edu](mailto:goldentn@uindy.edu) (Subject line: CPA Application)

Mail or Drop-Off: Metropolitan Indianapolis – Central Indiana Area Health Education Center  
ATTN: HCOP

1400 E Hanna Ave., Ruth Lilly Health Center | Indianapolis, IN 46227

# COLLEGE PREP ACADEMY APPLICATION FORM

## ENROLLMENT CRITERIA:

Student MUST live in Marion County and be economically and educationally disadvantaged students  
Current 11th through 12th graders for 2017-2018 school year

### Complete Application Checklist:

- \_\_\_ Application form
- \_\_\_ Academic Transcript (*official or unofficial*)
- \_\_\_ 1 Letter of Recommendation
- \_\_\_ Personal Statement of Interest

A personal statement is written by the applicant and may include personal history, career interest, why you are interested in this program and how this may help the student. Please make this no longer than 2 typed, double-spaced pages.

Completed applications must be received by **Wednesday, September 13, 2017**. Incomplete applications will not be considered. **\*We encourage students to apply early\***

### TYPE OR PRINT VERY CLEARLY

STUDENT NAME: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Are you a JAG student? Yes \_\_\_ No \_\_\_ Health career area of Interest: \_\_\_\_\_

GPA: \_\_\_\_\_ /4.0 scale Area: Rural \_\_\_ Urban \_\_\_

Student Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Daytime Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

### Race (Check One):

African American/Black \_\_\_ White \_\_\_ Asian \_\_\_

American Indian/Alaskan Native \_\_\_ Multi-racial \_\_\_ Other (please specify) \_\_\_\_\_

**Ethnicity (Check One):** Hispanic \_\_\_ Not Hispanic \_\_\_

### Citizenship (Check One):

US Citizen \_\_\_ Non-US Citizen \_\_\_

Lawful Permanent Resident \_\_\_ (If checked, do you have a TIN: Yes \_\_\_ No \_\_\_)

**Would you be the first in your immediate family to graduate from a college or university?** Yes \_\_\_ No \_\_\_

**How did you hear about the program?** Teacher \_\_\_ Family \_\_\_ HCOP representative \_\_\_

Presentation at school (KIHC) \_\_\_ Internet \_\_\_

### How interested in health care are you:

Very \_\_\_ Somewhat \_\_\_ Not really \_\_\_ Not sure yet \_\_\_

I hereby certify that the information provided in this application is accurate to the best of my knowledge. I understand that providing false information can result in dismissal from the program if I am accepted to the program. I understand that submitting this application does not guarantee admission to the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RECOMMENDATION FORM

**Applicant Name:** \_\_\_\_\_

I have known the applicant for a period of \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Please rank the applicant on the following traits:

CHARACTERISTIC	5	4	3	2	1	
	Excellent	Good	Average	Fair	Poor	N/A
Intellectual Ability						
Communication Skills						
Emotional Stability						
Comprehension						
Accuracy/ Attention to Detail						
Maturity/Judgment						
Motivation/Perseverance						
Dependability						
Cooperative Attitude						
Leadership (Potential)						

The applicant is:

\_\_\_\_ Recommended with Confidence

\_\_\_\_ Recommended with Reservations

\_\_\_\_ Recommended

\_\_\_\_ Not Recommended

Any additional comments:

**\* Please attach a letter of reference to this form.**

## RECOMMENDED BY:

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

Job Title: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_

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