

## Medical Mentorship Program Summer 2012

Dear Prospective Medical Mentorship Participant,

Thank you for your interest in the Summer 2012 Medical Mentorship Program. This program matches high school and college students who are interested in a career in medicine with physicians who are willing to volunteer their time. Here are some of the highlights of this program:

- Program dates: July 9-August 3, 2012
- Students will participate for two weeks, shadowing a different physician for each of the two weeks.
- Students must be at least 16 years old and must have completed at least two years of high school science courses or two semesters of college science courses.
- Students will be carefully selected based on application responses, essays, teacher/professor recommendations and personal interviews.
- Students will attend a full day, detailed orientation on June 27, 2012 from 9 a.m. to 2 p.m. They will be required to commit to following program rules and participation guidelines, as well as signing confidentiality agreements. They will be trained on proper operating room procedures and safety guidelines, if required.
- At the conclusion of the program, students will be required to submit both an evaluation essay and a reflection essay detailing their experience. These essays will be shared with participating physicians.

Attached you will find a program description, the full application packet and application instructions. Applications must be submitted no later than:

**Monday, April 30, 2012**

Please read the application instructions carefully and submit all parts of the application before the above deadline. **Only the first 100 COMPLETE applications will be considered. No applications will be considered after the due date.** Please be sure that you are available the entire part of each week that you select on the application, Monday - Friday 6 a.m. to 6 p.m.

Please submit the following materials in one package by the due date:

1. Application form (pages 5-8 of this packet)
2. Personal essay
3. Program Rules/Guidelines (page 9-10 of this packet)
4. Statement of Confidentiality, Letter of Agreement and Participation Release/Waiver (pages 11-15 of this packet)
5. Two teacher/professor recommendations (pages 16-19 of this packet): both teachers/professors should have had you as a student during the past two years; one should be a science teacher.

Mail your completed application to:

Kathryne Butler  
Manager of Volunteer Services & Life Branch  
17200 St. Luke's Way, MC 7-237  
The Woodlands, Texas 77384

Or hand-deliver your completed application to:

Kathryne Butler  
Manager of Volunteer Services & Life Branch  
17200 St. Luke's Way, Suite 160  
The Woodlands, Texas 77384

If you are selected to participate in the program, you must also:

1. Submit a negative TB test result, immunization records, and health screen form.
2. Submit a social security number or driver's license number in order to create a security badge.
3. Purchase a uniform shirt and obtain the required uniform.

In addition, if you are selected, you will be required to attend an orientation session on **June 27, 2012 from 9 a.m. to 3 p.m.** You will receive a schedule detailing which weeks you will be participating and which doctors you will be working with during this time.

**All applicants will be notified of the status of their application no later than Friday, May 18, 2012.**

If you have any questions regarding this program, the guidelines or the application process, please do not hesitate to contact me.

Thank you again for your interest in this program. We are excited about this program and look forward to receiving your application. Good luck!

Sincerely,

Kathryne Butler, MHA, CAVS  
Manager of Volunteer Services & Life Branch  
[kbutler1@sleh.com](mailto:kbutler1@sleh.com)  
Phone: 936-266-4002  
Fax: 936-266-2667

## **Medical Mentorship Program Summer 2012 Program Description**

**Mission Statement:** The Medical Mentorship Program is intended to give high school juniors and seniors as well as college undergraduates the opportunity to (1) directly experience the day-to-day operations of a physician, (2) form networking connections with well-respected physicians who serve as their mentors, and (3) volunteer their time at a hospital that was the first to bring Gamma Knife® technology to the North Houston and Montgomery County communities, the first to perform an open-heart surgery in The Woodlands and is the only hospital in the area to partner with both Texas Children's Hospital and the University of Texas M. D. Anderson Cancer Center.

**Program Structure:** Each accepted applicant will participate for two weeks of the four week program based upon the scheduling opportunities available. Occasionally it may be possible for a student to participate for additional weeks, but a commitment of a minimum of two weeks is required to ensure the student a broad perspective of the medical field. A student will shadow two different physicians from unlike specialties, one for each of the two weeks. The student will spend the entire week with their mentor, accompanying them to all of their professional activities, including, but not limited to clinical, office, conference, surgical and research settings. Students need to be mindful that long hours (up to twelve) may be spent with the physician each day. Requests for specific physicians or specialties will not be considered in order to provide students with as much exposure to various aspects of the medical field given the limited time frame of the program. Students are required to keep a daily log of their activities and send thank-you notes to their mentors at the end of each week. At the conclusion of the program, students must complete a program evaluation as well as a reflective essay detailing their experiences.

**Participants:** Any student who will be enrolled in 11<sup>th</sup> or 12<sup>th</sup> grade in the 2012-2013 school year and has taken two years of science (preferably Biology and Chemistry) in high school may apply, as well as any undergraduate student who has taken at least two semesters of college level science courses. All students must be at least 16 years old by June 27, 2012 to be eligible to participate in the program. Past Junior Volunteers and summer college students at St. Luke's as well as students who have not yet volunteered in the hospital setting are encouraged to apply. The number of students that will be accepted will depend upon the number of participating physicians. Accepted students are selected by the admissions committee based upon their application, essay and two teacher/professor letters of recommendation, with some consideration give to current or past St. Luke's The Woodlands Auxiliary volunteers. Applicants are not asked for their G.P.A. or class ranking, as the program seeks students who display an ardent interest in the medical field without regard to their academic performance.

All students who apply will be notified of their acceptance or denial from the program by Friday, May 18, 2012. If accepted into the program, students must attend the Medical Mentorship Program orientation on Wednesday, June 27, 2012. At orientation, students will hear from the Manager of

Volunteer Services and key staff members about program-specific topics such as proper behavior in a surgical setting and age-specific competencies.

Participants must wear the program uniform at all times for the duration of the program. The approved uniform consists of a burgundy polo (purchased from St. Luke's), black full length slacks, closed-toe shoes and a volunteer badge. At no time are jeans, shorts, skirts or capris appropriate attire. Scrubs are only appropriate when observing the physician in a surgical setting.

**Mentors:** All physicians serving as mentors are based at or affiliated with St. Luke's The Woodlands Hospital or St. Luke's Lakeside Hospital. Physicians are recruited via personal connections, word-of-mouth, letters of invitation and flyers. Each physician participating serves as a mentor to one student per week for the duration of the physician's availability (one to four weeks, but only one week is required). Physicians, their administrative assistants and the Manager of Volunteer Services arrange the schedule.



Describe any volunteer experience you have:

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List any extra-curricular activities you are currently involved in:

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Have you ever participated in a medical mentorship program before? Y/N

If yes, where? \_\_\_\_\_

Will you have a car and valid driver's license available to you during the program to drive to off-campus sites? Y/N

Would you be comfortable in an operating room setting? Y/N

**EMERGENCY CONTACT INFORMATION:**

In case of emergency, please notify:

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

Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parental/Guardian Consent for Emergency Care (if under 18 years old):**

The undersigned herewith authorizes St. Luke's The Woodlands Hospital/St. Luke's Lakeside Hospital to provide any emergency care that might be needed in the event of injury or illness for \_\_\_\_\_, an unmarried person under 18 years of age still living at home and/or supported by me.

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date



If accepted, I will follow all program guidelines and rules and will conduct myself in a professional and responsible manner. I understand that if there are ANY infractions in the program guidelines, I will be required to turn in my badge and leave the hospital premises immediately.

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

\_\_\_\_\_  
Date

My (our) daughter/son, \_\_\_\_\_ has my (our) consent to participate in the Medical Mentorship Program at St. Luke's The Woodlands Hospital/St. Luke's Lakeside Hospital.

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

<p><b>For staff use only:</b> Date received: _____ Application: ____ Essay: ____ Agmt: ____ Conf: ____ Rec. 1: ____ Rec. 2: ____  Accepted: Y/N</p>
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## **Medical Mentorship Program Summer 2012 Program Rules and Guidelines**

If accepted into the Medical Mentorship Program:

1. The student will submit a negative TB skin test, immunization records and a hospital health screening form.
2. The student, if over 18 years of age, will submit to a background check performed by the hospital.
3. The student will purchase a uniform shirt and will wear the approved uniform each day of the program.
4. The student will shadow one physician or specialty each week of the program, Monday-Friday, as determined by the physician. However, the physician may, in their discretion, alter the schedule at any time.
5. The student will attend an orientation on Wednesday, June 27, 2012 from 9 a.m. to 3 p.m.
6. The student will be given contact information at the orientation for the physicians that he/she will be shadowing. The student will be responsible for contacting the physician, or the physician's assistant (no later than Thursday the week before shadowing that physician) to arrange where and when to meet the physician on the following Monday. The student will send a thank-you note to the physician following each week of the program.
7. The student will wear the approved uniform each day of the program unless he/she is in surgery. Only when a student is shadowing a physician in surgery will he/she be allowed to wear scrubs, as directed by the physician. If scrubs are required, the student is responsible for purchasing them. Scrubs are not to be worn in public areas.
8. The student will wear a St. Luke's volunteer badge at all times while on hospital premises. Students are not permitted to access secure areas of the hospital without prior approval.
9. Students will be matched with physicians according to schedule and availability. No personal requests will be accepted.
10. Students will act professionally and responsibly in all settings and at all times. They will maintain a courteous and positive attitude and will follow all requests or orders from hospital physicians and staff.
11. The student will follow all hospital rules, paying particular attention to those dealing with patient confidentiality, contact with patients, hand hygiene, infection control and maintaining a sterile environment.
12. All cellular devices or personal electronics must be left in a secure area, not on the student's person. Phone calls, texting or the use of personal electronics is prohibited unless for emergency use or during approved scheduled breaks.
13. Students are not permitted to leave the hospital or physician's clinic during their scheduled hours without prior approval. St. Luke's The Woodlands Hospital and St. Luke's Lakeside Hospital are not responsible for the actions of any students partaking in unapproved excursions.

14. Any student with an unexcused absence during their assigned week will be dropped immediately from the program. If a student is ill, they must contact their mentor and the Manager of Volunteer Services.

15. At the conclusion of the program, the student will submit both a program evaluation essay and a reflection essay to the Manager of Volunteer Services.

16. St. Luke's has the right to remove any student from hospital premises at any time, with or without cause.

I HAVE READ AND AGREE TO THE ABOVE RULES AND GUIDELINES. I UNDERSTAND THAT I CAN AND WILL BE DROPPED IMMEDIATELY FROM THE PROGRAM IF I VIOLATE ANY OF THE ABOVE RULES AND GUIDELINES. I HAVE ALSO READ AND UNDERSTAND THE PROGRAM DESCRIPTION.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Printed Name of Parent/Guardian

## **Medical Mentorship Program Summer 2012 Statement of Confidentiality**

St. Luke's Episcopal Health System operates on the foundation of four core values: integrity, valuing people, excellence, and goal orientation. In keeping with that value system, this statement of confidentiality is to inform associates\* of their responsibility to ensure that a breach of confidentiality does not occur.

### **What is confidentiality?**

Confidentiality is a professional ethical obligation to protect clinical and personal information about a patient from unauthorized access. Health care professionals responsible for the patient's care have authorized access to such information and therefore have a professional ethical obligation of confidentiality. SLEH also has an ethical obligation of confidentiality regarding information in all patients' records. There are parallel legal obligations. For more information and guidance about ethical and legal obligations of confidentiality, see Patient Confidentiality – Use and Disclosure of Protected Health Information (Health System Policy 9-01) and Patients' Rights and Responsibilities (Health System Policy 11-02).

### **What is HIPAA?**

HIPAA is a federal statute, in effect since 1996. "HIPAA" stands for the Health Insurance Portability and Accountability Act. Among its many provisions, this statute creates legal protections of information about patients. For more information and guidance see Patient Confidentiality – Use and Disclosure of Protected Health Information (Health System Policy 9-01).

### **If I have a question about HIPAA, whom should I contact at SLEH - TMC?**

Please direct your questions about HIPAA to the HIPAA Privacy Office for SLEH – TMC (832-355-0101) or you may direct a question to the HIPAA Project Team by using the Ask a Question site on The Source.

### Confidential information includes, but is not limited to:

- Patients' Medical Records
- Patients' Medical History
- Patients' Diagnoses and Treatments
- Patients' Financial Information
- Patients' Family Member Information
- Employee Information and Personnel Records
- Health System Policies
- Health System Committee Communications
- Health System Financial Information
- Health System Compensation/Salary Information
- Scientific/Medical Research Information
- All Proprietary Information and Materials

This information may exist as computer based systems or as written, pictorial, graphic and auditory forms.

Please initial each of the following:

\_\_\_\_ I understand that I may come into contact with confidential information, as defined above, during my relationship with St. Luke's The Woodlands Hospital/St. Luke's Lakeside Hospital.

\_\_\_\_ I agree not to disclose confidential information to third parties not affiliated with St. Luke's, except as required by law.

\_\_\_\_ I agree not to discuss or otherwise disclose confidential information unless necessary as part of my duties while acting within the course and scope of my position.

\_\_\_\_ I understand that all such discussions will be limited to only the appropriate health system personnel and/or medical staff who have a need to know such information in the delivery of professional services.

\_\_\_\_ I understand and agree that inappropriate disclosure of confidential information as described above will result in corrective action up to and including discharge.

I agree not to disclose confidential information to third parties not affiliated with St. Luke's, except as required by law. I further agree not to discuss or otherwise disclose confidential information unless necessary as part of my duties while acting within the course and scope of my position. All such discussions will be limited to only the appropriate Health System personnel and/or medical staff who have a need to know such information in the delivery of professional services.

I understand and agree that inappropriate disclosure of confidential information as described above will result in corrective action up to and including discharge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number

**VOLUNTEER**

\_\_\_\_\_  
Affiliation with St. Luke's (Title and Function)

\*"Associate" as used on this form, refers to volunteers or medical staff members of St. Luke's Episcopal Health System, as well as others with whom St. Luke's has an established relationship in carrying out its mission, including, but not limited to, contract employees, vendors, health care providers, and third parties.

**Medical Mentorship Program  
Summer 2012  
Letter of Agreement**

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide information concerning your character, reputation, personal characteristics, and mode of living. You may obtain a copy of this information upon written request.

I hereby certify that the information I provided in this application is true, complete and correct to the best of my knowledge and I understand that any information withheld or falsely provided in connection with the foregoing application shall be cause for rejection of this application or termination of volunteer status. I hereby authorize St. Luke's The Woodlands Hospital/St. Luke's Lakeside Hospital, without liability, to contact prior employers (present employers if authorized), schools or references I have given and authorize said employers, schools or reference to make full response to any inquiries by St. Luke's The Woodlands Hospital/St. Luke's Lakeside Hospital in connection with this application for volunteer service, including police records.

I understand and agree that as a condition of my acceptance into the St. Luke's The Woodlands Hospital and St. Luke's Lakeside Hospital Medical Mentorship Program, I will be required to pass scheduled physical examinations as they relate to my ability to discharge my duties.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING PARAGRAPHS:

1. I shall hold absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off of hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Manager of Volunteer Services.
4. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on St. Luke's The Woodlands Hospital or St. Luke's Lakeside Hospital premises.
5. I shall submit to examinations, which may include chest X-rays, skin tests, appropriate laboratory tests and/or immunizations, as a part of my volunteer service. I hereby authorize my doctor(s) to furnish the hospital information concerning my health. I also authorize the person(s) making tests or X-ray films to report the results to the hospital.

6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

7. I shall attempt to resolve any problems related to my volunteer activities with the unit/department supervisor or physician and if unsuccessful, attempt to resolve any such problems with the Manager of Volunteer Services.

8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.

9. I shall at all times uphold the mission of St. Luke's The Woodlands Hospital/St. Luke's Lakeside Hospital.

10. I understand that Volunteer Services reserves the right to immediately terminate my volunteer status as a result of:

- (a) Failure to comply with hospital policies, rules and regulations;
- (b) One absence without prior notification;
- (c) Unsatisfactory attitude, work or appearance; or
- (d) Any other circumstance which, in the judgment of the Manager of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the hospital.

I HAVE READ EACH OF THE ABOVE CONDITIONS AND AGREE TO ADHERE TO THEM.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

**PARTICIPATION RELEASE, WAIVER, AND INDEMNITY AGREEMENT**

In consideration of being allowed to participate on behalf of \_\_\_\_\_ and related to events and activities, the undersigned acknowledges, appreciates and agrees that:

1. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and known, EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE BEING RELEASED, or others and assume full responsibility for my participation and that of my child; and
2. I, for myself and on behalf of my child, heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS St. Luke's Episcopal Health System, its officers, directors, agents, affiliates, and employees, other participants, sponsors, advertisers and, if applicable, owners of premises used to conduct any event (Releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THOSE BEING RELEASED OR OTHERWISE, to the fullest extent permitted by law.

I \_\_\_\_\_ have read and understood this release of liability and assumption of risk agreement, full understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

**Medical Mentorship Program  
Summer 2012  
Teacher/Professor Recommendation Form**

**Students:** Please give one copy of these instructions and the attached teacher evaluation form to each of the two teachers/professors you have asked to write a letter of recommendation. Please make sure that one of the teachers is a science teacher/professor and that you have had both teachers/professors in the last two years. It is your responsibility to follow up with these individuals and ensure that the letters are returned to you in time to complete your application.

**Teachers/Professors:** One of your students is applying for St. Luke's The Woodlands Hospital/St. Luke's Lakeside Hospital's Medical Mentorship Program. This program will take place during the summer of 2012. This program is designed to match high-achieving high school and college students who are interested in a career in medicine with physicians. The students will spend two weeks shadowing participating physicians.

We are looking for highly motivated students who are responsible, mature and have an excellent work ethic. Students should be intellectually curious and comfortable working with adults and in a health care setting. Please write a letter stating whether you feel this student would be a good choice for this program and why. We are not focusing on grades, but would rather hear from you about the personality, talents and skills of your student, as well as why this program would benefit them. We would like to know what you see in this student that would make them an excellent choice for our program.

**Please write your letter of recommendation and return it, along with the attached evaluation form, to the student in a sealed envelope, with your signature across the envelope seal.** If you are unable to write a letter of recommendation for this student, please inform the student and allow them enough time to ask another teacher/professor. Incomplete applications will NOT be considered.

Thank you for taking the time to give us your input. Please contact me with any questions.

Sincerely,

Kathryne Butler, MHA, CAVS  
Manager of Volunteer Services & Life Branch  
[kbutler1@sleh.com](mailto:kbutler1@sleh.com)  
936-266-4002

**Medical Mentorship Program  
Summer 2012  
Teacher/Professor Evaluation Form**

**Please include this evaluation form along with your letter of recommendation. Please place both in a sealed envelope, with your signature along the seal.**

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

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

School: \_\_\_\_\_

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

Has tardiness ever been an issue for this student? Y/N

On a scale of 1-5, with 5 being the highest, please evaluate this student compared to his/her peers:

Motivation/work ethic	1	2	3	4	5
Responsibility	1	2	3	4	5
Maturity	1	2	3	4	5
Positive attitude	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Ability to work with/relate to adults	1	2	3	4	5
Organizational skills	1	2	3	4	5
Friendliness	1	2	3	4	5

Thank you for taking the time to help this student.

**Medical Mentorship Program  
Summer 2012  
Teacher/Professor Recommendation Form**

**Students:** Please give one copy of these instructions and the attached teacher evaluation form to each of the two teachers/professors you have asked to write a letter of recommendation. Please make sure that one of the teachers is a science teacher/professor and that you have had both teachers/professors in the last two years. It is your responsibility to follow up with these individuals and ensure that the letters are returned to you in time to complete your application.

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We are looking for highly motivated students who are responsible, mature and have an excellent work ethic. Students should be intellectually curious and comfortable working with adults and in a health care setting. Please write a letter stating whether you feel this student would be a good choice for this program and why. We are not focusing on grades, but would rather hear from you about the personality, talents and skills of your student, as well as why this program would benefit them. We would like to know what you see in this student that would make them an excellent choice for our program.

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Thank you for taking the time to give us your input. Please contact me with any questions.

Sincerely,

Kathryne Butler, MHA, CAVS  
Manager of Volunteer Services & Life Branch  
[kbutler1@sleh.com](mailto:kbutler1@sleh.com)  
936-266-4002

**Medical Mentorship Program  
Summer 2012  
Teacher/Professor Evaluation Form**

**Please include this evaluation form along with your letter of recommendation. Please place both in a sealed envelope, with your signature along the seal.**

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

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

School: \_\_\_\_\_

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

Has tardiness ever been an issue for this student? Y/N

On a scale of 1-5, with 5 being the highest, please evaluate this student compared to his/her peers:

Motivation/work ethic	1	2	3	4	5
Responsibility	1	2	3	4	5
Maturity	1	2	3	4	5
Positive attitude	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Ability to work with/relate to adults	1	2	3	4	5
Organizational skills	1	2	3	4	5
Friendliness	1	2	3	4	5

Thank you for taking the time to help this student.

**Medical Mentorship Program  
Summer 2012  
Student Application Checklist**

Please mail your completed application to:

Kathryne Butler  
Manager of Volunteer Services & Life Branch  
17200 St. Luke's Way, MC 7-237  
The Woodlands, Texas 77384

Or hand-deliver your completed application package to:

Kathryne Butler  
Manager of Volunteer Services & Life Branch  
17200 St. Luke's Way, Suite 160  
The Woodlands, Texas 77384

\_\_\_\_ Student application (pages 5-8 of this packet)

\_\_\_\_ Student essay describing why you want to participate in this program

\_\_\_\_ Program Rules and Guidelines, signed by you and your parent/guardian (if under 18 years old) (page 9-10 of this packet)

\_\_\_\_ Statement of Confidentiality, signed and initialed by you at the appropriate places (pages 11-12 of this packet)

\_\_\_\_ Letter of Agreement, signed by you at the appropriate place (pages 13-14 of this packet)

\_\_\_\_ Participation Release/Waiver, signed and initialed by you or your parent/guardian at the appropriate place (page 15 of this packet)

\_\_\_\_ Two teacher/professor recommendations- both teachers/professors should have had you as a student in the past two years, one should be a science teacher/professor. **Please be sure to give them the instruction pages (pages 16 and 18 of this packet) and the evaluation forms (page 17 and 19 of this packet), which should be included in the sealed envelope.**

Thank you for your interest in this program. We look forward to hearing from you and wish you the best of luck on your application!