

Colorado School of Public Health

University of Colorado | Colorado State University | University of Northern Colorado

2011 Public Health Academy Application Form

1. STUDENT'S INFORMATION:

Student's Name (Last, First and Middle Initial) _____ Date of Birth (mm/dd/yyyy) _____

Street Address, City, State, and Zip Code _____

Email Address: _____ Gender (*circle one*): Male Female

Phone # _____ Cell Phone # _____

Check all that apply: African-American or Black Hispanic/Latino
 Native Hawaiian/Pacific Islander American Indian or Native American
 Asian _____ (Origin country) Caucasian/White

Name of School Currently Attending _____ Location of School (city) _____

Do you need any accommodations, e.g., physical, dietary? No Yes If yes, please explain: _____

Will you be the first from your family to attend college? _____

Has either of your parents completed a 4-year college degree? _____

Is English your first language? _____ Are you proficient in other languages (specify)? _____

2. PARENT'S/GUARDIAN'S INFORMATION:

Parent/Guardian(s) Name _____ Relationship to the student _____

Street Address, City, State, and Zip Code _____

(_____) _____
Best way to reach you

(_____) _____
Home/Cell Number

Occupation _____

Email _____

Emergency Contact Name (other than parent/guardian) _____

Relationship to the student _____

(_____) _____
Home/Cell Number

(_____) _____
Work Number

3. REQUIREMENTS FOR PARTICIPATION:

The Public Health Academy (PHA) is designed to expand high school students’ knowledge of public health in the areas of health promotion, population-based intervention strategies, and disease prevention. Through hands-on learning and group mentoring, we will support academic achievement as well as public health career awareness.

We seek students who have the ability to participate in an intensive on-site learning experience that includes long days. Competitive applicants will have the academic motivation to handle the rigorous course work, have curiosity for on-site laboratory learning, and the professionalism to participate in a Health Career Exploration.

4. GRADE POINT AVERAGE (Minimum 2.5):

GPA: _____ please attach a copy of your most recent transcript.

I am currently a (CIRCLE ONE): Freshman Sophomore Junior Senior

5. TRANSPORTATION:

How do you plan to get to and from your appointed location (ex.Bus, Car, Parent, etc)? _____

Will you have any difficulties with transportation to and from appointed location? _____

6. ESSAY QUESTIONS:

Please respond to the following questions. Attach your typed answers to this application form. Include your name on each sheet of paper.

- Have you considered or plan to go to a 4-year college? What is your career interest?
- Describe your career goals. Please explain how participating in this program will contribute to your goals. (200-400 words)
- Describe what you think is public health. (200-400 words).

7. HOW DID YOU HEAR ABOUT THE PUBLIC HEALTH ACADEMY?

- ___ School Counselor/Advisor
 - ___ Student Conference or Career Fair
 - ___ Student Organization or Program
 - ___ Public Health Academy Flyer
 - ___ Other. Please specify. _____
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8. RECOMMENDATION FORM:

**PUBLIC HEALTH ACADEMY
TEACHER RECOMMENDATION**

Student: Please give this form to a teacher (non-parent) from a science, health science or math subject.

Teacher: Please complete the recommendation form and return to the student's advisor by *May 11, 2011*.

TEACHER'S RECOMMENDATION:

Student's Name (Last, First, Middle Initial)

1. What is your relationship to the student and the class you teach (e.g., biology teacher for one semester, etc.)?

2. How would you assess this student's classroom attendance? (Please CIRCLE ONE)

Excellent (missed 5 days or less)

Good (missed 6-10 days)

Poor (missed more than 10 days)

Comments: _____

3. How would you assess this student's conduct and behavior? (Please CIRCLE ONE)

Excellent (proper conduct)

Good (proper conduct at most times)

Poor (improper conduct)

Comments: _____

4. Please comment on this student's intent to pursue post-secondary education and/or a health career. (Please CIRCLE ONE)

Definite plans/goals

Student may pursue higher education

Does not intend to pursue higher education

Comments: _____

5. What is your overall assessment of this student as a Health Career Exploration participant?

Outstanding (best candidate)

Good (solid student with potential)

Poor (would not recommend)

Comments: _____

Teacher's Name (printed)

Teacher's Signature

Date

I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE QUESTIONS AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

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Application Checklist

Please direct any questions to Fayette Augillard at (303) 724-4442 or fayette.augillard@ucdenver.edu.

Checklist

- Complete application
- Complete Essay Questions (Typed)
- Give Teacher recommendation to teacher to fill out well in advance of the 5/11 deadline
- Submit completed application to advisor by end of school day on 5/11

Reminder: Applicants will be notified if they are or are not accepted by regular mail and email by the end of May. Please contact Fayette Augillard if your home address changes.