

FACES 2011

SUMMER MEDICAL ACADEMY

July 11-22, 2011

PRESENTED BY



CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

2011 STUDENT APPLICATION

Qualified applicants will be accepted on a first come, first served basis. Applications must be typed or printed neatly and legibly. **Use black or blue ink only! All applications must be submitted to our office by 5:00 p.m. on April 20, 2011.** Applications must be submitted with a \$25 processing fee (payable to "Children's Hospital Oakland"). Mail to: Children's Hospital & Research Center Oakland, FACES for the Future, 747 52nd Street, Oakland, CA 94609 OR Fax to: 510-450-5830 (please include a cover sheet). Incomplete and late applications will not be considered.

PART A: STUDENT INFORMATION

Name: _____

High school: _____ Grade: _____ Current Unweighted GPA: _____
[grade point average]

Age: _____ Date of birth: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Cell: _____

Student email: _____

Parent/Guardian name: _____ Relationship to applicant: _____

Parent/Guardian phone: _____ Parent/Guardian email: _____

PART B: SHORT ESSAYS

1. Describe in 250 words or less your motivation for wanting to be in this program.
2. Describe in 250 words or less how you have demonstrated leadership ability in your life with your friends, family, church, clubs, neighborhood, school and/or in any other situation.
3. Describe in 250 words or less a challenge you have faced and how you dealt with it.

PART C: BACKGROUND INFORMATION

1. Please provide a resume or briefly list your extracurricular, volunteer, and/or employment experiences (including roles, responsibilities and length of time of commitment), as well as any awards or honors that you have received during high school.
2. Please provide a copy of your most current transcript.

PART D: ACKNOWLEDGEMENT

I have read and understand the information about the FACES Summer Medical Academy being held from July 11-22, 2011, at Children's Hospital & Research Center Oakland. In submitting my application, I commit to meeting the expectations of the program including availability, effort and responsibility. I understand that my application is not complete without BOTH my signature and my parent/guardian's signature. I am not signing for my parent/guardian.

Signature of student: _____

Signature of parent/guardian: _____

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TEACHER RECOMMENDATION FORM

Please provide your feedback on each of the following areas. Your input will be very helpful in determining if this applicant can meet the standards of the program. This recommendation must be CONFIDENTIAL. Please enclose your feedback in an envelope and sign your name over the seal. Please return your recommendation to the student applicant as completed **applications must be in our office by 5:00 p.m. on April 20, 2011.** If you prefer to write a letter addressing the following questions, please feel free to do so. Thank you for your time!

PART A

Applicant's name: _____

Teacher's name: _____

High School: _____

Phone: _____ Email: _____

Teacher's Signature: _____ Date: _____

PART B

1a. How long have you known the applicant? _____

1b. In what classes have you taught him/her? Under any other circumstances? _____

2. Please check how you rate the applicant's characteristics and motivation:

	Strongly Agree	Agree	Somewhat Agree	Disagree
Has positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates leadership capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starter, has intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is highly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART C

1. Please describe the applicant's initiative, resiliency and/or leadership potential that you have observed.

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TEACHER RECOMMENDATION FORM *PAGE 2 OF 2*

2. Please describe the applicant's academic performance, including attendance, attitude and responsibility.

3. Please describe whether the applicant demonstrates a level of maturity and academic preparedness that is consistent with a strong potential for success in college and in a medical career. Describe any concerns you may have.

4. Please comment on the applicant's potential for overall success in this program.

5. Is there additional information you feel would assist the FACES Summer Medical Academy in evaluating the applicant for admission?
