

AETNA HEALTH PROFESSIONS PARTNERSHIP INITIATIVE DOCTORS ACADEMY PROGRAMS APPLICATION





Sponsored By: UConn Health Department of Health Career Opportunity Programs Aetna Health Professions Partnership Initiative (Aetna HPPI)

Please indicate the program you are applying to:

- Great Explorations Doctors Academy
- Jumpstart 9 Doctors Academy
- Jumpstart 10 Doctors Academy
- Junior Doctors Academy
- Senior Doctors Academy

	Application Checklist
(Please k	reep a copy of application for your records)
—	Completed Application (all applications must be signed by parent/guardian)
	Transcript (Official)
	CT Mastery Test (CMT/SBAC) Scores
	Personal Essay
	Two Teacher Recommendations (Must be one math and one science teacher)
	Financial Verification (Federal Income Tax Form or State Agency Letter summarizing benefits)
	Copy of Insurance Card

Last Name First Name Middle Initial School

What is the Aetna HPPI Doctors Academy?

- It is a six-week summer enrichment program for students enrolled in Greater Hartford area schools with priority given to students enrolled in Hartford Public Schools.
- Provides enrichment experiences both inside and outside of the classroom.
- Provides classes in language arts, math, science, career and college awareness preparation, integrating SAT and ACT strategies, and support across the curriculum.
- Provides assessment and evaluations throughout student's affiliation with the Aetna HPPI Doctors Academy Programs. The program includes pre, mid, and post testing of students; student and parental surveys; mid and final progress reports; etc.
- Sponsors 30 Saturday Academies during the academic year where students can continue to strengthen their academic skills and college preparation, as well as exposure to careers in health professions.

Parent/Guardian Orientation Workshops are held for all students participating in the Doctors Academy Programs.

How do I apply for the Aetna HPPI Doctors Academy Programs?

- 1. Be a rising 8th grader, freshman, sophomore, junior, or senior in high school. Priority consideration will be given to pipeline participants.
- 2. Have a 'B' average or better.
- 3. Submit an essay.
- 4. Provide two letters of recommendation from a science and math teacher.
- 5. Have an official transcript submitted from each school attended.
- 6. Submit a completed application available from your counselor/teacher, health.uconn.edu/hcop/, or by email.

All applicants will be interviewed prior to being selected into the Doctors Academy Programs.

What about transportation?

Transportation will be provided for Hartford area students only.

Are there costs?

- 1. There is no cost associated with this exciting program.
- 2. Daily breakfast and lunch will be provided to students

When and Where?

Great Explorations (8th grade):

The six-week summer program is held at the Greater Hartford Academy of Math and Science, 15 Vernon Street, Hartford, CT 8:00 a.m.-2:00 p.m. Monday-Friday with no session on July 4th (holiday observance).

The academic year program will be held at UConn Health, 263 Farmington Avenue, Farmington, CT 8:00 a.m. – 2:00 p.m. on specific Saturdays during the academic school year.

Doctors Academy (9th through 12th grade):

The six-week summer program is held at UConn Health, 263 Farmington Avenue, Farmington, 8:00 a.m.-2:00 p.m., Monday-Friday with no session on July 4th (holiday observance).

The academic year program will also be held at UConn Health, 263 Farmington Avenue, Farmington, 8:00a.m. – 2:00p.m. on specific Saturdays during the academic school year.

Last Name First Name Middle Initial School

For additional information please contact:

Kerry-Ann Stewart, PhD. Assistant Director Health Career Opportunity Programs UConn Health 263 Farmington Avenue, MC 3920 Farmington, CT 06030-3920 Phone: (860) 679-3926

Fax: (860) 679-7223 kestewart@uchc.edu

Where should I return my application?

Applications should be returned to:

Tracey Higgins Administrative Program Assistant II Health Career Opportunity Programs UConn Health 263 Farmington Avenue, MC 3920 Farmington, CT 06030-3920 Phone: (860) 679-8031 Fax: (860) 679-7223

Department of Health Career Opportunity Programs website:

HEALTH.UCONN.EDU/HCOP/

higgins@uchc.edu

Funding for all Aetna HPPI Doctors Academy programs is provided in part through grants by the Aetna Foundation and the Connecticut Collegiate Awareness and Preparation Program, Office of Higher Education, whose support is gratefully appreciated.

Last Name	First Name	Middle Initial	School

Aetna HPPI Doctors Academy Application

Personal information must be completed by applicant (Please type or print legibly using ink)

<u>Please Note</u> in order to be considered for any Aetna HPPI Programs, Students must be U.S. citizens or permanent residents and must include financial documentation* of family income.

*Financial Documentation can be one of the following: Federal 1040 income tax form (not W-2) or State Agency Letter summarizing benefits Name:___ Middle Initial First Name Date of Birth_____ Age___ Social Security Number____-_ (REQUIRED) Place of Birth_____ □ U.S. Citizen □ U.S. Permanent Resident □ Other (Specify) Legal Residence: Street/Apartment/PO Box State: Zip Code: Home Telephone Number E-Mail Address Most Frequently Used Name of School Grade **Family Information** (All questions in this section must be answered completely) For Statistical Purposes only: Gender: □Male **Ethnicity:** □Black/African American □West Indian □ Caucasian □Native Hawaiian □ Puerto Rican ☐ Mexican American/Chicano ☐ Native American/Alaskan Native □ Asian/Pacific Islander (specify) □ Other (Specify) FAMILY SIZE: ______ FAMILY TAXABLE INCOME: ______ (per Federal Tax form or equivalent on which you were claimed) **Household Income Level:** Please check one: □ <\$20,800 □\$20,801-\$35,200 □\$35,201-\$42,400 \square42,401-\$49,600$ \square49,601-\$57,800$ \square57,801-\$64,000$ □\$64,001-\$71,200 □\$71,201 or greater **Parents Marital Status:** □Married □Single □Widowed □Divorced □ Separated **Student Lives With:** □Mother and Father □Father Only □Mother Only □Natural & Step parents □Grandparent(s) □Other Relative(s) □Legal Guardian(s) □Foster Parent(s) □State Guardianship Occupation: Mother's Name: Mother's Education: □Less than/Partial High School □High School graduate □Some college □Associate's degree □BA/BS degree □Graduate school □Professional school (specify)_____ _____Occupation: _____ Father's Name: Father's Education: □Less than/Partial High School □High School graduate □Some college □Associate's degree □BA/BS degree □Graduate school □Professional school (specify) Will the applicant be the First in your Immediate Family to Earn a College Degree? □Yes □No

Last Name	First Name	Middle Initial	School	

Personal information must be completed by applicant (Please type or print legibly using ink)

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Parental Permission
I intend to have my child, participate in the Aetna HPPI Doctors Academy Programs. I understand that acceptance into the Aetna HPPI Doctors Academy Programs requires participation in activities as outlined in the program description and/or schedule. I further understand that acceptance may include participation in field trips and other activities that may require travel to different locations. By signing below I understand that I am granting my child permission to attend these functions. I am also granting permission for my child to be transported to each individual event/activity by approved transportation.
I grant the Aetna Health Professions Partnership Initiative Doctors Academy Programs permission to reproduce in publications and/or via the internet any photos taken of my child while participating in program activities.
Please circle if you are parent or guardian and sign
Please Print Name
Parent/Guardian Signature Date:
Federal Family Educational Rights and Privacy Act
I hereby consent to the disclosure of student information records maintained by the Department of Health Career Opportunity Programs (HCOP) and/or the schools. This information will be maintained in a confidential manner and will be used only for the purposes of the Department of Health Career Opportunity Programs' evaluation. Use is consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other state or federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time.
Student SignatureDate:
Please Print Name
Parent/Guardian Signature Date:
Parent/Guardian
I certify that the information submitted in this application is complete and true to the best of my knowledge.
Please Print Name
Parent/Guardian Signature Date:

Attention Guidance Counselors

Please return all completed documents along with this application to the attention of:

Tracey Higgins Health Career Opportunity Programs UConn Health 263 Farmington Avenue, MC 3920 Farmington, CT 06030-3920 Phone: (860) 679-8031

Fax: (860) 679-7223 higgins@uchc.edu

ast Name	First Name	Middle Initial	School	

Aetna HPPI Doctors Academy Programs Application Student Essay Form

ESSAY: Please tell us why you want to participate in the Aetna Health Professions Partnership Initiativ Doctors Academy Programs. Include in your explanation why you enjoy math and science. Please limity your essay to 350 to 500 words.	e it

Date___

Student Signature_____

Last Name Middle Initial

Aetna HPPI Doctors Academy Programs Application

Student Recommendation Form

Name of Student:		

UConn Health's Department of Health Career Opportunity Programs is committed to raising early awareness among underrepresented and economically disadvantaged students interested in careers in the health professions.

This program is for highly motivated students with a strong commitment to Science and Mathematics.

Your evaluation of this student's ability to participate in a rigorous program is appreciated. Please answer all the questions to the best of your ability.

Do

Above

Below

No

Evaluation Categories	Superior	Average	Average	Average	Knowledge
Interest in Science & Mathematics					
Self-motivation					
Ability to grasp new ideas					
Attitude toward school & education					
Maturity					
Academic ability					
Potential to succeed academically					
Willingness to work hard					
Personal integrity & honesty					
Commitment towards academic achievement					
				•	•

Please use the reverse side of this page or a separate sheet to explain why you feel this student will benefit from the Aetna HPPI Doctors Academy Programs and for any additional comments or information you may wish to share. Teacher's Name ______ School _____ What subject do you teach? _____ Phone ____ Teacher's Signature _____ Date ____

Yes, I believe the candidate would not make it to college without such programs.

No, I do not feel this program will benefit this candidate. (Please explain why)

Last Name First Name Middle Initial School

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Name of Student:		
Name of Student:		

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This program is for highly motivated students with a strong commitment to Science and Mathematics.

Your evaluation of this student's ability to participate in a rigorous program is appreciated. **Please answer all the questions to the best of your ability.**

Evaluation Categories	Superior	Above Average	Average	Below Average	No Knowledge
Interest in Science & Mathematics					
Self-motivation					
Ability to grasp new ideas					
Attitude toward school & education					
Maturity					
Academic ability					
Potential to succeed academically					
Willingness to work hard					
Personal integrity & honesty					
Commitment towards academic Achievement					

willingness to work nard					
Personal integrity & honesty					
Commitment towards academic Achievement					
Do you feel the candidate will benefit from t	he Aetna HPPI	Doctors Academy	Programs? (Ple	ease initial all that	apply)
• Yes, I do feel this candidate will ber	efit from this p	orogram and other	rs like it		
• Yes, I do feel this candidate will ber	efit from this p	orogram but with a	additional assis	stance	
• Yes, I believe the candidate would r	ot make it to co	ollege without suc	h programs		
• No, I do not feel this program will b	enefit this cand	idate. (Please expla	in why)		
Please use the reverse side of this page or Aetna HPPI Doctors Academy Programs					
Teacher's Name		School			
What subject do you teach?			_ Phone		
Teacher's E-mail					
Teacher's Signature			Date		