

**Aetna HPPI Doctors Academy Application**

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| **Program Applying for:** | **Great Explorations** |  |  | **Jumpstart 9** |  |  | **Jumpstart 10** |  |  |
|  | **Junior Doctors Academy** |  |  | **Senior Doctors Academy** |  |  |  |  |  |
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| **Personal information must be completed by applicant** |
| **Please note – 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 |

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| 1. | Last Name: |  | First Name: |  | Middle Initial: |  |  |
|  | Date of Birth: |  | Age: |  |  |  |  |  |
|  | Place of Birth: |  |  |  | U.S. Citizen |  | US Permanent Resident |  |  |  |
| 2. | Legal Residence: |  |
|  | City: |  |  | State: |  | Zip Code: |  |  |
| 3. | Phone Number: |  |  | 4. | Email Address Most Frequently Used: |  |
| 5. | Name of School: |  |  | 6. | Grade: |  |  |

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| **Family Information****(All questions in this section must be answered completely)** |
| **For Statistical Purposes only:** |
| **Gender:** |  | Male: |  | Female: |  |  |  |  |  |
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| **Ethnicity:** |  | Black/African American |  | West Indian |  | Caucasian |  | Native Hawaiian |  | Puerto Rican |
|  |  | Mexican American/Chicano |  | Native American/Alaskan Native |  |
|  |  | Asian/Pacific Islander (Specify) |  |  |  | Other (Specify) |  |  |

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| **Household Income Level** | Please check one: |  | <$20,800 |  | $20,800-$35,200 |  | $35,201-$42,400 |  |
|  |  |  |  | $42,401-$49,600 |  | $49,601-$57,800 |  | $57,801-$64,000 |  |
|  |  |  |  | $64,001-$71,200 |  | $71,201 or greater |  |  |  |
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| **Parents Marital Status:** |  | Married |  | Single |  | Widowed |  | Divorced |  | Separated |
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| **Student Lives With:** |  | Mother and Father |  | Father Only |  | Mother Only |  | Natural and Step Parent |  | Grandparent(s) |  |
|  |  | Other Relative(s) |  | Legal Guardian(s) |  | Foster Parent(s) |  | State Guardianship |  |  |
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| **Mother’s Name:** |  | Occupation: |  |
| **Mother’s Education:** |  | Less than/Partial High School |  | High School graduate |  | Some College |  |  |  |  |
|  |  | Associates Degree |  | BA/BS Degree |  | Graduate School |  |  |  |  |
|  |  | Professional School (specify) |  |  |  |
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| **Father’s Name:** |  | Occupation: |  |
| **Father’s Education:** |  | Less than/Partial High School |  | High School graduate |  | Some College |  |  |  |  |
|  |  | Associates Degree |  | BA/BS Degree |  | Graduate School |  |  |  |  |
|  |  | Professional School (specify) |  |  |  |
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| **Will the applicant be the first in your Immediate family to earn a College Degree?** |  | **Yes** |  | **No** |

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| Aetna Health Professions Partnership Initiative Doctors Academy Programs Application |
| Student Essay Form |
| ESSAY: Please tell us why you want to participate in the Aetna Health Professions Partnership Initiative Doctors Academy Programs. Include in your explanation why you enjoy math and sciences. Please limit you essay to 350 to 500 words |
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| **Personal information must be completed by applicant****(By typing your name below, you are authorizing this to be as binding as your signature)** |
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| **Parental Permission** |

**I intend to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participate in the Aetna Health Professions Partnership Initiative 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 internet any photos taken of my child while participating in program activities.**

**Please indicate whether you are the parent or guardian by signature below**

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| **Parent Signature**  |  | **Date:** |  |  |
| **Guardian Signature** |  | **Date:** |  |  |

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| **Federal Family Education 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 and federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time.**

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| --- | --- | --- | --- | --- |
| **Student Signature** |  | **Date:** |  |  |
| **Parent Signature**  |  | **Date:** |  |  |
| **Guardian Signature** |  | **Date:** |  |  |

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| **Student/Parent/Guardian**  |

**I certify that the information submitted in this application is complete and true to the best of my knowledge.**

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| **Student Signature** |  | **Date:** |  |  |
| **Parent Signature**  |  | **Date:** |  |  |
| **Guardian Signature** |  | **Date:** |  |  |

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| **Attention Guidance Counselors** |

Please return all completed documents listed below, along with this signed application, to Tracey Higgins at higgins@uchc.edu:

* Personal Essay
* Two Teacher Recommendations (Math, Science or Language)
* Official Transcript
* Financial documentation (Latest Federal Income Tax form, pages 1 and 2, on which applicant was claimed)
* Copy of Insurance Card

Tracey Higgins

Health Career Opportunity Programs

UConn Health

Phone: (860) 990-0209

higgins@uchc.edu