



**Medical Career Collaborative
2019-2020 Application for All Sites**

Note to Applicants:

Thank you for your interest in applying to the MC² program! The MC² program is currently offered at both Children's Hospital Colorado and Denver Health. Applicants only need to submit ONE application to be considered for either program site. Please read the following set of directions carefully and be sure to submit your application packet with all sections complete.

In order to apply to the program you must:

- be in your sophomore year of high school
- attend high school in the Denver metro area

Directions:

- Please write all sections neatly and type the essay section.
- Submit one letter of recommendation from someone NOT in your family.
- Attach an official school transcript (including fall of 2018) to your application. Schools may send the transcript directly to the address below if they do not provide transcripts in a sealed and signed envelope.
- All parts of the application should be submitted together.

If you are mailing in your application OR if your school prefers to send your official transcript via mail, please use the following address and be sure that all materials are postmarked (put in the mail) by Friday March 15th:

Children's Hospital Colorado
Medical Career Collaborative (MC²) - Box 105
13123 E 16th Ave
Aurora, CO 80045

Application Deadline:

All applications must be postmarked (put in the mail) by Friday March 15, 2019.

Hand deliveries will ONLY be accepted on Friday March 15, 2019 between the hours of 7:00AM and 5:00PM and can be dropped off at either:

Children's Hospital Colorado
13123 E 16th Ave
Aurora, Colorado 80045
Main Hospital Entrance –
Reception Desk

OR

Denver Health Medical Center
Administrative Building
601 Broadway
Denver, Colorado 80204
At 1st floor Security Desk

Students can expect to hear an update of their application status via email from the MC² selection committee by **April 26, 2019**. If your email address should change before then please notify the MC² office. For questions about the application process please call Marisa Valeras (Denver Health) at (303) 602-2685 or Haley Couch (Children's Hospital Colorado) at (720) 777-8027 or email mc2applications@childrenscolorado.org

MC² Application for 2019-2020 Program (Program Begins August 2019)

1. Applicant Information

First Name: _____ Last Name: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

High School: _____

School District: _____

Overall GPA: _____

(If your school has weighted and un-weighted GPA's please provide an average of the two)

****Please note that an official school transcript is required with this application.

Are you currently a sophomore in high school?

Yes No

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

MC² exists to increase the community representation of the health care workforce as it builds the next generation of health and medical professionals. We invite all applicants to identify themselves as indicated below. Check all that apply.

Race/Ethnicity

___ African American /Black

___ American Indian/Alaskan Native

___ Asian/Pacific Islander

___ Hispanic/Latino/Latina

___ Middle Eastern/Arab

___ White/Caucasian

___ Other (Please Specify) _____

Gender Identity

___ Female ___ Male ___ Prefer not to answer

2. What languages do you speak? Check all that apply.

I am **fluent** in these languages:

- English
- Spanish
- Vietnamese
- Arabic
- Amharic
- French
- Other (please specify) _____

3. Personal Reference

Please list the name and phone number of 1 school staff person who would recommend you for this program.

School Staff Person: _____ Phone: _____

4. List your school/extra curricular activities (high school years only).

5. List your community service activities (high school years only).

6. List your responsibilities at home.

7. Please list any job or jobs you currently hold outside your home.

8. MC² is a two year program full of a variety of experiences. One experience is an internship at either Children's Hospital Colorado or Denver Health. While the MC² staff cannot guarantee you will be placed at the hospital of your choice, please indicate your preference below by checking one of the following options:

Children's Hospital Colorado Denver Health No Preference

If you are accepted into the program when would you *prefer* to complete the internship component?

****PLEASE NOTE: Summer refers to summer 2020**

Please indicate your first, second and third choice:

____ Fall (10 hours/week, 12 Weeks, September – November 2019)

____ Spring (10 hours/week, 12 Weeks, February - April 2020)

____ Summer (25 hours/week, 5 weeks, June - July 2020)

.....

9. Family Information (To be completed by Parent or Guardian)

Funding for the MC² program often requires data on student/family income. Please provide the following information.

- How many people currently reside in your primary family household?

____ # of adults (not including applicant for this program)

____ # of children (*including* the applicant for this program) (child = 18 years old and younger)

- Total annual household income (please include ADC, Child Support, Alimony, Pensions, etc).

___ less than \$10,700

___ \$10,701 - \$16,500

___ \$16,501 – 25,000

___ \$25,001 - \$33,000

___ \$33,001 - \$40,000

___ \$40,001 - \$60,000

___ \$60,001 - \$80,000

___ \$80,001 - \$100,000

___ more than \$100,000

- If asked, would you be willing to supply tax documents to validate this information?

___ Yes

___ No

.....

Signatures Section for Applicants and Parents/Guardians:

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

10. Essay Questions (Students respond)

Instructions:

- 1) Type answers to the following questions on separate paper.
- 2) Put your name at the top of your typed pages.
- 3) Indicate the letter of each question when you answer it.
 - a) What are your plans after high school? (4-6 sentences)
 - b) What is your career interest and why? (4-6 sentences)
 - c) Why do you want to participate in this collaborative and what do you expect to get out of it? Why (3 sentences) and What you expect (3 sentences)
 - d) Share and explain one thing you would change about the world. (4-6 sentences)
 - e) Describe one person (famous or not; dead or alive) that inspires you and why. (4-6 sentences)
 - f) Describe a challenge you have faced and what you have learned from it. (4-6 sentences)
 - g) Identify an issue facing high school students today and what you think should be done about it. (4-6 sentences)
 - h) Imagine you are a student intern in the hospital. While standing at the nurses' station a man asks you what room his family member is in and you can tell that he is quite angry. For the safety of the patient, what would you do next? (4-6 sentences)
 - i) Share what you believe to be the greatest discovery of all time and why. (4-6 sentences)

Directions for Letter of Recommendation

- Applicants are instructed to attach **one** letter of recommendation to their application. The letter should be from an adult outside of his or her family. Recommenders might be a teacher, coach, counselor at school, neighbor, community leader, youth pastor/coordinator or employer.
- Additional letters will not be considered.
- The letter should be no longer than **one page** and include information that gives the selection committee further insight into the applicant.
- Students selected into the Medical Career Collaborative at Children's Hospital Colorado and Denver Health are expected to demonstrate a high level of:
 - Maturity
 - Professionalism
 - Academic strength
 - Engagement in community and school
 - Enthusiasm for learning
 - Interest in the health professions

Recommenders are encouraged to include information relevant to any of these areas.

- **Letters should be placed in an envelope, sealed then signed across the back flap by the person writing the letter of recommendation. It should then be given to the student to attach to the application.**
- All letters of recommendation must be attached to the application and submitted by the March 15th deadline.

MC² Application Checklist

Please complete application and place sections in the following order:

- Written Application: Pages 2-4 filled out completely by student and parent/guardian**

- One letter of recommendation from someone NOT in your family
(See directions on page 6)**

- Short essays from questions on page 5 – TYPED on separate paper with your name on top of the page.**

- School transcript (including fall semester of 2018) Note: Official transcript only (mailed directly or placed in a sealed and signed envelope).**

Application process following submission:

- 1. The MC² Selection Committee will send an email confirmation indicating your application has been received by Friday March 29, 2019.**

- 2. All applicants will be notified of their application status after the selection committee completes the initial grading by April 26, 2019.**

- 3. Selected Students will begin the MC² program at the start of the 2019-2020 school year (typically August).**