

2018

Della Keats Health Sciences & Summer Research Programs

UNIVERSITY of ALASKA ANCHORAGE

Dr. Ian van Tets, Director of Della Keats • WWAMI – School of Medical Education

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Website: <http://www.uaa.alaska.edu/wwami/programs/dellakeats-udoc.cfm>

Della Keats Program Dates: July 15 to August 10, 2018

Currently Accepting Applications

Della Keats Application Deadline: **Monday, April 30, 2018**



Application Checklist: (PLEASE BE SURE TO CHECK OFF ITEMS)

- Complete application form (Please use INK and write legibly or type)
Attach responses to essay questions
Submit a current high school transcript (Ask your high school counselor how to obtain your transcript.)
Complete and submit the two (2) student recommendation forms (Note: One MUST be from a science or mathematics teacher.)
Include a current photograph of yourself
I have read and understand there is a May 8th job shadow immunization requirement deadline

APPLICATION FORM

- I am applying to the:
[ ] Della Keats Health Sciences Program (open to Alaskan students currently enrolled in either their junior or senior year of High School)
[ ] Della Keats Summer Research Program (open to Alaskan students enrolled in their senior year of High School who have already completed a Della Keats program or an equivalent program such as the UAF RAHI program)
For applicants to the Della Keats Summer Research Program.
[ ] I completed the Della Keats Health Sciences Summer Program or an equivalent program in 20\_\_\_\_
Name of equivalent program: \_\_\_\_\_

PERSONAL INFORMATION

All Information is Required

- Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_
Social Security Number (REQUIRED): \_\_\_\_\_ 3. Phone #: \_\_\_\_\_
E-mail Address: \_\_\_\_\_ 5. Message Phone #: \_\_\_\_\_
Parent's Email: \_\_\_\_\_ 7. Parent's Daytime Phone #: \_\_\_\_\_
Address: \_\_\_\_\_
Street Address/P.O. Box City State Zip Code
Contact Address: \_\_\_\_\_
(if different) Street Address/P.O. Box City State Zip Code
Gender: [ ] Female [ ] Male
Date of Birth: \_\_\_\_\_ 11. Place of Birth: \_\_\_\_\_
Present Age: \_\_\_\_\_ 13. Country of Citizenship: \_\_\_\_\_

14. If you are not a U.S. citizen or national, are you a permanent resident?  No  Yes.

If yes, what is your Alien number (REQUIRED): \_\_\_\_\_

15. How do you describe yourself? (Information collected for federal reporting purposes only)

Black/African American  Native of a US Caribbean Territory, e.g. Puerto Rico (Specify below)

Mexican-American  Other Hispanic (Specify below)

Native American (Specify below)  White/Caucasian

Alaska Native (Specify background below)  Native of Hawai'i or a US Pacific territory, e.g. Samoa (Specify below)

Other Pacific Islander (Specify below)  Asian (specify below)

Other (Specify below)

Specify \_\_\_\_\_

16. If you are Alaska Native, to which Regional Corporation(s) do you belong?

\_\_\_\_\_

17. Which is the primary language spoken in your home? \_\_\_\_\_

18. Have you attended school for two or more years in a non-English speaking country? If yes:

In what years: \_\_\_\_\_, in what country/countries \_\_\_\_\_ and in what language(s)? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

19. High school presently attending: \_\_\_\_\_ City: \_\_\_\_\_

20. In what grade are you currently enrolled? Junior  Senior  Other \_\_\_\_\_

21. What were your scores on the following tests (if available)? PSAT \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

*(Please attach a copy of your scores, if applicable.)*

### 22. Science and Math Education

List the titles of the high school science and math courses you've completed, and list the grades you received in each course.

COURSE	GRADE	COURSE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Do you plan to attend college?  Yes  No

For how long?  2 yrs.  4 yrs.  Other: (Specify) \_\_\_\_\_

Are you planning on attending UAA?  Yes  No

24. What are your career choices at the present time?

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

### ACTIVITIES

25. A. List the extracurricular and sports activities in which you have been involved while attending high school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List any honors you received while attending high school.

\_\_\_\_\_  
\_\_\_\_\_

26. List paying or volunteer jobs held during high school, enter the dates you worked and the approximate number of hours worked per week (jobs like babysitting and yard work may be included).

<u>COMPANY</u>	<u>YOUR TITLE/POSITION</u>	<u>DATES &amp; HOURS PER WEEK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

27. Student’s participating in Della Keats programs are supported by grants. As part of their participation in the Della Keats programs, students will be required to maintain contact and provide information to UAA about their educational progress. Such data will be kept confidential, and will be used to report on the activities of students participating in this effort. Collecting this data will continue after high school graduation and throughout undergraduate and upper graduate school. Are you prepared to commit to providing this type of information?

Yes     No    Signature \_\_\_\_\_

28. Have you previously participated in the Della Keats Program or in a similar summer program such as the NIH NIDDK’s STEP UP and AN/SIP programs, Alaska Native Science and Engineering Program (ANSEP), or the UAF RAHI program? If yes, which program(s) and in what year(s)?

29. How did you learn about the Della Keats Program?

**ESSAY QUESTIONS**

30. We are interested in why you are seeking a health science career and how an experience such as the Della Keats Health Sciences Summer Program or the Della Keats Summer Research Program would be of benefit to you. ***On separate sheets of paper, typed or legibly written,*** please provide detailed answers of 150 to 250 words for each of the following questions.

- A. Which health science/behavioral health profession do you most want to pursue? Briefly highlight your life experiences, talents, and personality traits that you feel would make this as a good career choice for you.
- B. Describe a health, behavioral or mental health problem you have observed in your community, and what do you think are some strategies that may be used to address this problem?
- C. Choose one person you have known that has had a large impact on how you live your life. Describe how that person influenced you.
- D. What has been your greatest accomplishment thus far?
- E. Why are you interested in attending the Della Keats Health Sciences or the Summer Research Program?

**FAMILY BACKGROUND** (This Section Should Be Completed by Parent(s) or Guardian(s): All Information is Required)

31. Parents' marital status:

Married  Divorced  Legally Separated  Single Parent  Widowed

32. FATHER MOTHER GUARDIAN

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Education: \_\_\_\_\_ Education: \_\_\_\_\_  
(Highest Level Completed) (Highest Level Completed) (Highest Level Completed)

33. Have you or your spouse ever worked in a health-care field? Yes  No

34. How many people currently reside in family household? \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Age of Each Child \_\_\_\_\_

35. Have any of your children ever gone to college or vocational school?

College: Yes  \_\_\_\_\_ years No  Vocational school: Yes  \_\_\_\_\_ years No

36. How likely is it that your child, who is applying to Della Keats, will attend college?

Very likely  Somewhat likely  Not very likely

37. What would prevent your child/children from attending college or vocational school?

Please explain. \_\_\_\_\_

38. Is your son or daughter eligible for the National Free/Reduced Price Lunch program?

Yes - Free Lunch  Yes - Reduced Price Lunch  No

39. Total annual household income (please include ADC, Child Support, Alimony, Pensions, Dividends, e.g. the Alaskan PFD, etc.):

less than \$10,000  \$10,001-\$15,000  \$15,001-\$20,000  \$20,001-\$30,000  \$30,001-\$40,000  
 \$40,001-\$50,000  \$50,001-\$75,000  \$75,001-\$100,000  \$100,001 and above

40. Do you have health insurance? Yes  No

If yes, what is the name of the company and policy ID? \_\_\_\_\_

**IMPORTANT NOTICES**

- Participation in the Della Keats Summer Programs involves many hours of coursework, seminars, and mentoring experience, and participants live on the UAA campus for the duration of the programs. PARTICIPATION IN OUTSIDE JOBS, SUMMER SCHOOL, OR SUMMER CAMP IS NOT PERMITTED WHILE ATTENDING THIS FOUR-WEEK PROGRAM.
- The Della Keats Health Sciences and Summer Research Program, of the University of Alaska Anchorage reserve the right to remove students from the summer programs at any time for misconduct or non-compliance with policies and procedures.
- **Special Note:** Job shadows are a major feature of the Della Keats program. Health facilities where job shadows take place require that your child must have an up-to-date shot/immunization record. There is no exception. Some immunization series, e.g. Varicella (chicken pox) or TB chest x-rays, with results, may require weeks or months to be complete. Applicants that do not provide documentation of shots by the deadline will be dropped. Please see immunization requirements at the end of this application. Della Keats Summer Research applicants do NOT have to meet the immunization requirements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

UA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: [www.alaska.edu/nondiscrimination](http://www.alaska.edu/nondiscrimination).

# Student Recommendation Form

APPLICANT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

*We rely heavily on your recommendation, particularly concerning non-academic characteristics.*

This student has asked you to provide an assessment of his/her suitability as a participant in the demanding six-week Della Keats Health Sciences, Summer Research or Alaska Native Community Advancement in Psychology programs.

We are interested in students who have demonstrated an interest in health careers, such as nursing, medicine, or biomedical research, psychology, behavior health or who could benefit from learning about health career options. Although, their high school grades may not currently reflect this, we try to admit students who have demonstrated past academic achievement or who are capable of handling a college curriculum in the future.

CHARACTERISTICS	Out-standing	Very Good	Good	Fair	Poor	Unable to Judge
<b>INTELLECTUAL CAPACITY:</b> Ability to comprehend, integrate, and manage a large quantity of information						
<b>MOTIVATION (I):</b> Genuineness and depth of commitment to the health care profession						
<b>MATURITY:</b> Personal development, ability to cope with life situations						
<b>INTERPERSONAL RELATIONS:</b> Ability to get along with others, rapport, cooperation, attitude toward supervision						
<b>EMPATHY:</b> Sensitivity to the needs of others, consideration, tactfulness, respect toward individuals who may be ill, disabled or elderly						
<b>EMOTIONAL STABILITY:</b> Performance under pressure, mood stability, constancy in ability to relate to others						
<b>ANALYTICAL SKILLS:</b> Ability to problem solve, correlate and process information, and to think critically						
<b>JUDGMENT:</b> Ability to evaluate a problem involving people, common sense and decisiveness						
<b>RESOURCEFULNESS:</b> Ability to discover new resources and to manage new and already present resources skillfully						
<b>RELIABILITY:</b> Dependability, sense of responsibility, promptness, conscientiousness						
<b>LEADERSHIP:</b> Ability to initiate action, lead and/or supervise others						
<b>COMMUNICATION SKILLS (I):</b> Verbal skills, clarity of expression, articulateness						
<b>COMMUNICATION SKILLS (II):</b> Clarity and conciseness of written expression						
<b>PERSEVERANCE:</b> Stamina, endurance						
<b>INTEGRITY:</b> Honesty, trustworthiness, uprightness, probity						
<b>CREATIVITY:</b> Ability to generate new and novel ideas, or approaches to problems						
<b>MOTIVATION (II):</b> This student is interested in: <i>(circle all that apply)</i>	Nursing	Medicine	Medical Research	Other: _____ _____	Health Professions in General	
<b>OVERALL RECOMMENDATION:</b>	( ) This applicant receives my highest recommendation without reservation		( ) I recommend this applicant with confidence		( ) I recommend this applicant with reservations	
					( ) I do not recommend this applicant for admission	

**STUDENT'S STRENGTHS AS YOU SEE THEM:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT'S WEAKNESSES AS YOU SEE THEM** ("none apparent" is an acceptable answer):

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**IF ACCEPTED INTO DELLA KEATS**, the student may live and/or travel away from home with other participants. Please discuss whether you feel this student is capable of handling this level of responsibility in the areas of personal conduct, time management and self-discipline.

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**SUMMARY EVALUATION:** (Please provide your overall impression of student and describe, if you are aware, how this student meets the eligibility criterion of being from an underserved population.)

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*Evaluator's Name* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Position/Department* \_\_\_\_\_ *Address* \_\_\_\_\_

( ) \_\_\_\_\_  
*Phone Number* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Please mail completed recommendation form to:**    - **OR** - **Place completed form in envelope, sign across the glue seal and give to the student to include with their application packet.**  
University of Alaska Anchorage  
WWAMI School of Medical Education  
ATTN: Della Keats Programs  
3211 Providence Drive, HSB 301  
Anchorage, AK 99508

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<b>MOTIVATION (II):</b> This student is interested in: <i>(circle all that apply)</i>	Nursing	Medicine	Medical Research	Other: _____	Health Professions in General	
<b>OVERALL RECOMMENDATION:</b>	( ) This applicant receives my highest recommendation without reservation		( ) I recommend this applicant with confidence		( ) I recommend this applicant with reservations	
					( ) I do not recommend this applicant for admission	

**STUDENT'S STRENGTHS AS YOU SEE THEM:** \_\_\_\_\_

\_\_\_\_\_

**STUDENT'S WEAKNESSES AS YOU SEE THEM** ("none apparent" is an acceptable answer):

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**IF ACCEPTED INTO DELLA KEATS**, the student may live and/or travel away from home with other participants. Please discuss whether you feel this student is capable of handling this level of responsibility in the areas of personal conduct, time management and self-discipline.

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**SUMMARY EVALUATION:** (Please provide your overall impression of student and describe, if you are aware, how this student meets the eligibility criterion of being from an underserved population.)

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\_\_\_\_\_  
*Evaluator's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Position/Department*

\_\_\_\_\_  
*Address*

(    )  
\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*City      State      Zip Code*

**Please mail completed recommendation form to:**  
University of Alaska Anchorage  
WWAMI School of Medical Education  
ATTN: Della Keats Programs  
3211 Providence Drive, HSB 301  
Anchorage, AK 99508

**- *OR* - Place completed form in envelope, sign across the seal and give to student for inclusion with their application packet.**



## What You Must Know About Immunization

### This Immunization Requirement Does Not Apply to Students Applying to DK Research

A key experience of the Della Keats Health Sciences Program is job shadowing. Shadowing, allows students to view health care careers up close and ask questions about the profession. Our main job shadows partner is Providence Alaska Medical Center. They and other health professionals require that Della Keats students be completely immunized prior to shadowing at their facilities. Immunization protects both the people in the health facilities as well as the student.

### THIS IS IMPORTANT and YOU WILL BE HELD RESPONSIBLE FOR THIS INFORMATION

**MAY 8** is the date by which students must show proof of having had the required immunizations or TB chest X-Ray with results. If you cannot or do not have your immunizations completed before this deadline and show the required immunizations on an immunization record, you will be dropped from the program and an alternative will be selected to replace you.

There is no exception to this rule!

The immunizations that have proven to be the most problematic are TB and Varicella/chicken pox.

- Two (2) TB/PPD tests, with negative results from within the immediate 12 months, are required. TB test dates must be between July 8, 2017 and July 15, 2018. If you need two TB/PPD tests, arrange to have them administered one week apart. Each TB/PPD test consists of the health practitioner pricking the skin. Two to three days later the practitioner looks at the area that was pricked to see if there is a skin reaction and, if so, how large it is. Based on size and color of the reaction, a chest x-ray may be required. Chest x-rays may take time to arrange and get back the results. This must be completed before **MAY 8**.
- Please be aware there are countries that immunize for TB, e.g., Russia, South Korea, and Senegal. If your child has had a TB immunization, they should **NOT** take a TB/PPD test. Instead, they are required to have a chest x-ray to determine whether they have active TB. Arranging chest x-rays and getting back the results take time. The chest x-ray and its results must be completed before **MAY 8**.
- Two (2) Varicella/chicken pox immunizations are required for full protection. The second shot is taken 30 days after the first. If you are getting the immunizations, please, be aware of the 30 day interval between the first and second immunization.
  - If your child has already had both shots, but is unable to show proof, they must obtain a titer to prove immunity. A titer is a blood draw where the blood sample is analyzed for immunity to a particular disease or diseases. Getting back results from a titer can take time. All shots and/or titers and their results must be completed before **MAY 8**.

Please have the care giver use the immunization form on the next page.



Immunization Documentation

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ MMR (Measles, Mumps, Rubella) Vaccination (1<sup>st</sup>)  
MMR (Measles, Mumps, Rubella) Vaccination (2<sup>nd</sup>)  
**OR**  
Titer Showing Immunity

**AND**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Chicken Pox (Varicella) Vaccination (1<sup>st</sup>)  
Chicken Pox (Varicella) Vaccination (2<sup>nd</sup>)  
**OR**  
Titer Showing Immunity

**AND**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Non-reactive TB test (0 mm PPD) within past 12 months  
Non-reactive TB test (0 mm PPD) within past 12 months  
**OR**  
if positive PPD, **medical clearance within past 12 months**

\_\_\_\_\_  
Printed Name & Signature of School Nurse or Health Care Provider