UC DAVIS HEALTH | SCHOOL OF MEDICINE

Health Equity Academy – Leaders for Tomorrow's Healthcare (HEALTH)

Program Application

Family Orientation: Monday, September 9th 6:00-7:00pm
Program: Sept: 14, 28, Oct: 12, 26, & Nov: 2, 16 Saturdays 9:00 am to 3:00 pm

ATTENDANCE IS REQUIRED FOR ALL SESSIONS

Directions: Please complete the application in its entirety using a black or blue pen. Ensure that your writing is legible, especially email and phone numbers.
Incomplete or late applications **will not** be considered.
Application deadline is 5:00pm on Wednesday, Aug. 21st, 2019.

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Parent/Guardian Name		Emergency Contact Name			
Parent/Guardian Phone		Emergency Contact Phone			
Parent/ Guardian Email		Emergency Contact Relationship to Applicant			
Applicant Date of Birth		If applicable: Previously completed program: (Saturday Academy, Medical Explorers, Summer Scrubs, etc.)			

DEMOGRAPHIC INFORMATION			
How do you identify in terms of race and ethnicity? Please select all that apply:			
American Indian or Alaska Native		Mexican or Mexican American	
Chinese or Chinese American		Latino/Hispanic	
Black or African American		Ukrainian	
Native Hawaiian or Other Pacific Islander		Hmong	
Middle Eastern		White/Caucasian	
East Indian/Pakistani		Prefer not to say	
Vietnamese/Vietnamese American		Other (list your choice to the right)….	

GENDER INFORMATION

How do you identify? Please select all that apply:

Female	☐	Transgender	☐
Male	☐	Prefer to self-describe:	☐
Non-binary/ third gender	☐	Prefer not to say	☐

ADA ACCOMMODATIONS

Please describe any ADA accommodations you will need to participate in this program.

MEDICAL INFORMTAION

Please describe any Allergies or Health Conditions we need to be aware of.

FOOD PREFERENCE

Do you have any dietary restrictions (i.e. vegetarian, gluten or nut allergy, etc.)?

INTEREST AND QUESTIONAIRE

In three or more sentences please answer the following three questions. (You may attach a separate sheet of paper.)
All responses should be legible.

1. In your own words what does “community health” mean to you?

2. Why do you want to participate in the HEALTH Equity Academy - Leading Tomorrow’s Health?

3. What do you hope to gain?

4. Which if any health professions are you interested in? (check all that apply)

- ☐ DDS or DDM Doctor of Dental Surgery or Doctor of Dental
- ☐ Medicine
- ☐ Dental Assistant
- ☐ Phlebotomist
- ☐ PA or Physician Assistant
- ☐ FNP or Family Nurse Practitioner
- ☐ RN or Registered Nurse
- ☐ Social Worker or Counselor
- ☐ MA or Medical Assistant
- ☐ MD or Doctor of Medicine
- ☐ Physical or Occupational Therapist
- ☐ Ultrasound or X-Ray Technician
- ☐ Other: Please indicate _____

LIST YOUR TEAM OF 4-6 STUDENTS (GRADES 9-12)
MINIMUM OF 4 PER TEAM (REQUIRED)
MAXIMUM OF 6 PER TEAM

Each team member/applicant must complete and submit an individual application.

TEAM MEMBER LIST
Include yourself below

First and Last name	Phone number	Current School and grade level
1.		
2.		
3.		
4.		
5.		
6.		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and that I am available and committed to attending all program sessions indicated here:
Orientation: September 9th, 6-7 PM –Parents and/or student
Program Sessions: Sept: 14, 28, Oct: 12, 26, & Nov: 2, 16th 9:00 am – 3:00 pm.

Student Signature:	Date
Parent/Guardian Signature:	Date
Parent/Guardian Signature:	Date
Parent/Guardian Signature:	Date

DOCUMENT CHECKLIST

- ☐ 2019 HEALTH Academy Application
- ☐ Risk and Liability Waiver
- ☐ Media Waiver

Submit completed application with documents

- Scan and email to cmtorres@ucdavis.edu
- Fax to 916-703-5568
- or mail hard copy to:
  Attn: Charrise Torres
  UC Davis School of Medicine
  Education Building Suite 4101
  4610 X Street, Sacramento CA 95817

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