



# Rady Children's Hospital-San Diego 2016 Summer Medical Academy Application

Students who will be between 15 and 19 years of age in July 2016 are eligible. The application is in two parts – this form and a Teacher Recommendation Form – and must be typed or printed neatly and legibly. **Use black or blue ink only. All applications must be postmarked by February 29, 2016. Acceptance letters will be sent by March 18. Payment in the amount of \$1975\* must be made no later than May 1<sup>st</sup>, 2016.** If financial assistance is required for you to be able to attend, please note it below, and complete the attached scholarship application, returning it along with the primary application. Payment instructions will be included in acceptance letters. All applications must be submitted with a **non-refundable \$25 processing fee** (payable to “Rady Children’s Hospital-San Diego”). Mail to: MC 5073, 3020 Children’s Way, San Diego, CA 92123-4282. Incomplete and late applications will not be considered. Additional information can be found at: [www.helpsdkids.org/summermedicalacademy](http://www.helpsdkids.org/summermedicalacademy). Please e-mail [RCHSummerMedicalAcademy@rchsd.org](mailto:RCHSummerMedicalAcademy@rchsd.org) with questions.

\* A portion of your tuition payment is tax deductible, and will support FACES for the Future San Diego. You will receive further information regarding payment with your acceptance packet. Specific information will be requested at that time (dietary needs, allergy alerts, etc.).

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

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Current Unweighted GPA: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_



Parent/Guardian phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_


Parent/Guardian email: \_\_\_\_\_

Student phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Student email: \_\_\_\_\_

Will you require financial assistance to be able to participate? \_\_\_\_\_ No \_\_\_\_\_ Yes

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1. Describe in 300 words or less your expectations of the Summer Medical Academy – why do you want to attend, and what do you expect to gain from it.
  2. Describe in 300 words or less your thoughts about a career in health care – if this is your passion, why? What about healthcare draws you? (You are not limited to these questions.)
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1. Please provide a resume or brief listing of your extracurricular, volunteer, and/or employment experiences (including roles, responsibilities and length of time of commitment), as well as any awards or honors that you have received during high school.
  2. Please provide a copy of your most current academic transcript (unofficial copies are acceptable).
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I have read and understand the information about the Rady Children’s Hospital-San Diego Summer Medical Academy being held from July 11<sup>th</sup>-July 22<sup>nd</sup>, 2016. In submitting my application, I commit to meeting the expectations of the program including availability, effort and responsibility. I understand that the Academy locations vary, primarily between UCSD School of Medicine and Rady Children’s Hospital, and I am responsible for my own transportation. I understand that my application is not complete without BOTH my signature and my parent/guardian’s signature. I am not signing for my parent/guardian.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Rady Children's Hospital-San Diego  
2016 Summer Medical Academy  
Application**

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Please provide your feedback on each of the following areas. Your input will be very helpful in determining if this applicant can meet the standards of the program. Please return your recommendation to the student applicant, or this form may be scanned and emailed back to [RCHSummerMedicalAcademy@rchsd.org](mailto:RCHSummerMedicalAcademy@rchsd.org). If you prefer to write a letter addressing the following questions, please feel free to do so. Thank you for your time!

Applicant's name: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1a. How long have you known the applicant? \_\_\_\_\_

1b. What classes of yours has this student been in? Do you know the student under any other circumstances?

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

2. How would you rate the applicant's characteristics and motivation:

	Strongly Agree	Agree	Neutral	Disagree
Has positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates leadership capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter, has intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is highly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please describe the applicant's initiative and/or leadership potential from your observations.

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2. Does the applicant demonstrate a level of maturity and academic preparedness that is consistent with a strong potential for success in college and in a medical career? Describe any concerns you may have.

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3. Please comment on the applicant's potential for overall success in this program.

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4. Is there additional information you feel would assist the Rady Children's Hospital-San Diego Summer Medical Academy in evaluating the applicant for admission?

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**Application Checklist**

- Application
- Essays
- Background information sheet or resume
- Transcript
- Teacher Recommendation
- \$25 processing fee

**MAIL COMPLETE APPLICATION PACKAGE TO RADY CHILDREN'S AT:**

**Rady Children's Hospital Summer Medical Academy  
3020 Children's Way MC 5073  
San Diego, CA 92123-4282**

**REMINDER:**

**The deadline for this application to be postmarked is:  
February 29, 2016 NO EXCEPTIONS!**