



**Med★Stars 2013**  
Health Careers Honors Experience  
Tuesday July 16 – Saturday July 20, 2013



**Experience a Health Science Academic Setting**

*Spend time with health science professionals & students on the Oregon Health & Science University campus*

**Expand Your Knowledge of Health Career Choices**

*Doctor, nurse, nurse practitioner, physician's assistant, dentist, emergency medical technician, child life specialist, research scientist, physical therapist, pharmacist, osteopathic physician, and many more...*

**Research Your Options**

*Learn how to combine your interests and abilities to pursue education and training in a health career that is perfect for YOU*

**Meet Students from across Oregon who Share Similar Goals**

**Learn and Have Fun in Portland!**

# Med★Stars Health Careers Honors Experience

## ***What is Med★Stars?***

**Med★Stars** is a summer residential experience at Oregon Health & Science University (OHSU) designed to help high school students learn how to pursue a health care career. **Med★Stars** is sponsored by the Area Health Education Centers Program Office.

## ***When is Med★Stars?***

**Med★Stars** will be held **July 16-20, 2013**. Students will be expected to arrive in Portland at 1:00 on Tuesday, July 16. The program concludes at 1:00 pm on Saturday, July 20.

## ***Who should attend Med★Stars?***

- ♦ High school students who have completed their junior or senior year of high school (ages 16-19) are eligible.
- ♦ Students from rural communities, particularly ethnic minority students, who have demonstrated their interest in a health career by participating in other health careers programs.
- ♦ Acceptance is based on:
  - The application
  - Two evaluators' **CONFIDENTIAL REFERENCE INFORMATION FORMS**
- ♦ The \$50.00 application fee (refunded by mail to candidates who are not selected and returned to scholarship recipients on the first day of camp).

## ***What does Med★Stars cost?***

- ♦ The tuition is \$300, which includes 4 nights lodging, meals, and transportation during the program, and program materials.
- ♦ A limited number of scholarships are available.
- ♦ Contact the regional AHEC office for your area (see next page) to inquire about a scholarship.

## ***What will I do at Med★Stars?***

- ♦ Gain a better understanding of required skills within each profession and learn how to apply them to achieve your life goals.
- ♦ Learn more about the work environments of a variety of healthcare providers.
- ♦ Observe various roles within a healthcare team and identify their importance within the patient care setting.
- ♦ Reinforce valuable learning experiences through hands-on activities.

**Application Deadline** – Your \$50.00 application fee and 2 Reference Information forms (page 9) are due **by Friday, April 5, 2013** and should be mailed, emailed or faxed to:

Beth Rodgers, AHEC Program Office  
Oregon Health & Science University  
L612  
3181 SW Sam Jackson Park Road  
Portland, OR 97239

[rodgerbe@ohsu.edu](mailto:rodgerbe@ohsu.edu), Tel 503.494.2528, Fax 503.494.0626

*(If you fax your application, contact us to confirm that your fax has been received)*

**Upon acceptance into the Med★Stars program**, you and your parents will be required to complete and sign additional release forms pertinent for participation.

**For questions regarding scholarships, please contact the individual responsible for your county as listed below. The \$50.00 application fee is refundable to students who 1.) Are not selected to attend Med★Stars and 2.) Receive scholarships.**

LOCATION	CONTACT PERSON
<p><b>Cascades East AHEC</b> If you live in the following counties: Crook, Deschutes, Harney, Jefferson, Klamath, Lake, Warm Springs (Wasco)</p>	<p><b>Debbie Cole</b> Cascades East AHEC St. Charles Medical Center 2500 NE Neff Road Bend, OR 97701 541-706-2773 <a href="mailto:dmcole@stcharleshealthcare.org">dmcole@stcharleshealthcare.org</a></p>
<p><b>Northeast Oregon AHEC</b> If you live in the following counties: Baker, Gilliam, Grant, Hood River, Jordan Valley (Malheur), N. Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler</p>	<p><b>Brenna Dunlap</b> Northeast Oregon AHEC EOU, One University Blvd. LaGrande, OR 97850 541-962-3801. <a href="mailto:bhines@eou.edu">bhines@eou.edu</a></p>
<p><b>Oregon Pacific AHEC</b> If you live in the following counties: Benton, Clatsop, Columbia, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill</p>	<p><b>Karen Bondley</b> Oregon Pacific AHEC P. O. Box 767 Lincoln City, OR 97367 541-557-6459, <a href="mailto:bondley@charter.net">bondley@charter.net</a></p>
<p><b>AHEC of Southwest Oregon</b> If you live in the following counties: Lane, Douglas, Jackson, Josephine, Coos, Curry</p>	<p><b>Dianne Halbert</b> AHEC of Southwest Oregon 5010 Grange Rd. Ste 101 Roseburg, OR 97471 541-784-3660 x200 <a href="mailto:dhalbert@healthyoregon.com">dhalbert@healthyoregon.com</a></p>
<p><b>Oregon AHEC</b> If you live in the following counties: Washington, Multnomah, Clackamas *Preference given to rural students</p>	<p><b>Beth Rodgers</b> Oregon AHEC at OHSU L612, 3181 SW Sam Jackson Park Rd Portland, OR 97239 <a href="mailto:rodgerbe@ohsu.edu">rodgerbe@ohsu.edu</a></p>

**For general questions related to the Med★Stars Health Careers Honors Experience, please contact:**

**Beth Rodgers**  
[rodgerbe@ohsu.edu](mailto:rodgerbe@ohsu.edu)  
503.494-2528

**All completed applications, reference forms and \$50.00 fee should be sent to:**

**Beth Rodgers, AHEC Program Office**

Oregon Health and Science University  
3181 SW Sam Jackson Park Road  
Portland, OR 97239  
[rodgerbe@ohsu.edu](mailto:rodgerbe@ohsu.edu), Tel 503.494.2528, Fax 503.494.0626  
(When faxing, please call or email us to confirm the receipt of documents)

For more information visit the Med★Stars website:  
[www.ohsu.edu/medstars](http://www.ohsu.edu/medstars)

**DEADLINE: APRIL 5, 2013**

## COMPLETING THE MED★STARS APPLICATION

### Dear 2013 Med★Stars applicant:

The following CHECKLIST is intended to assist you in submitting a careful, thoughtful and complete application packet that will be reviewed by a team of evaluators.

Med★Stars is a once-in-a-lifetime experience offered to rural and underserved youth throughout Oregon. The application process for acceptance into Med★Stars is competitive; last year, over 80 students applied to Med★Stars but only 40 were accepted.

### CHECKLIST: What you must do to have a complete application (no blanks or questions left unanswered):

1. Take the time to carefully, neatly and thoughtfully answer all questions.
2. Arrange for two official Med★Stars Confidential Reference Information Forms (Page 9 in this packet) to be completed by at least one teacher and by one of the following:
  - health professional
  - school counselor
  - adult mentor
  - coach
  - spiritual leader

\*\* (We cannot accept reference forms from parents, guardians, neighbors or AHEC staff and will not accept individual, free-form letters in place of reference forms although they may accompany the official reference form.) Confidential Reference Information Forms must be completed and emailed, faxed or mailed by the evaluators themselves.
3. Include the \$50.00 application fee.
4. Include GPA information on page 5.
5. Send a copy of the most recent 2012/2013 report card or official transcript.
6. Send application, deposit and all required documents by or before the deadline, April 5, 2013.
7. Make a convincing argument for why you should be accepted to attend Med★Stars.

OREGON HEALTH & SCIENCE UNIVERSITY  
AREA HEALTH EDUCATION CENTER  
**Med★Stars**  
Health Careers Honors Experience 2013



**APPLICATION DEADLINE: APRIL 5, 2013**

Acceptance decisions and notifications will be made 3-4 weeks after deadline

→(PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION)←

**Personal Information**

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

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: Street: \_\_\_\_\_

City/State: \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Birth date: \_\_\_\_\_ Present Age: \_\_\_\_\_ Check One:  Male  Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

Have you ever participated in an AHEC activity before? Check One:  yes  no

**T-Shirt Information:** Med★Stars T-Shirt Size:  Small  Medium  Large  X-Large

**Parent and/or Legal Guardian Information**

Print Father's Name \_\_\_\_\_

Print Mother's Name \_\_\_\_\_

Father's Address (if different from applicant) \_\_\_\_\_

Mother's Address (if different from applicant) \_\_\_\_\_

Father's Work Phone or Cell Phone \_\_\_\_\_

Mother's Work Phone or Cell Phone \_\_\_\_\_

**Educational Information**

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

City: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_ (include copy of most recent report card.)

**Applying for Med★Stars is a competitive process so please answer the questions on page 6 thoughtfully and neatly.**

1. Have you participated in any health career exploration programs/camps? If so, please say what they were and describe them briefly in three or four sentences.
  
2. Have you taken a health occupations class? If so, please describe briefly in two or three sentences how the experience left a lasting impression on you.
  
3. Tell us why in three or four sentences you would like to attend the Med★Stars Experience.
  
4. What are your plans for the next school year? What classes do you plan to take?

**On the separate page provided at the end of this application, please write a one page essay that responds to only one of the following topics:**

- Your plans to continue your education after high school and how, where, why
- Any employment, volunteer, and community activities you participated in and how has it made a difference for you and others
- How and why you became interested in a health career

**Ethnicity & Race:** The following questions are helpful for us for data collection but are optional.

Please check those boxes which apply to you.

Are you Hispanic or Latino?  Yes  No

Please select the racial category or categories with which you most closely identify, by placing an X in the appropriate box.

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Other: \_\_\_\_\_

**Please check any which apply:**

- My parents did not go to college
- English was my second language growing up
- I qualified for free or reduced fee school lunch program
- I participated in health careers recruitment activity

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**Scholarship Application:** Please fill out the information below and answer the following question on a separate page: Why should you be selected for a scholarship?

Statement of financial disadvantage: Please circle family size and income on the chart below.

Size of Family	Income Level
1	\$18,200
2	\$24,500
3	\$30,800
4	\$37,100
5	\$43,400
6	\$49,700
7	\$56,000
8+	\$62,300

How much could you contribute toward the cost of camp if you are accepted to Med\*Stars?

\_\_\_\_\_

**I certify that the information given in this application is true and correct.**

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

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

**All completed applications, reference forms and \$50.00 application fee should be sent to Beth Rodgers at the address below:**

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L612  
3181 SW Sam Jackson Park Road  
Portland, OR 97239  
[rodgerbe@ohsu.edu](mailto:rodgerbe@ohsu.edu), Tel 503.494.2528, Fax 503.494.0626

**\*\*Note: Your complete application must include:**

- **2 CONFIDENTIAL REFERENCE INFORMATION FORMS** (page 9) mailed directly from your references to the address above.
- **Completed application form**  
*(If you fax your application, contact us to confirm that your fax has been received.)*
- **Copy of most recent report card or official transcript**
- **A \$50.00 application fee made out to Oregon AHEC** and mailed to the address above. (The \$50.00 application fee is refundable to applicants who are not selected to attend Med\*Stars and to scholarship recipients.)

**DEADLINE: APRIL 5, 2013**



# Med★Stars 2013

## CONFIDENTIAL REFERENCE INFORMATION FORM #1

**Two (2) forms are to be completed by at least one teacher and one of the following: health professional, school counselor, adult mentor, coach, or spiritual leader.**

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

School name: \_\_\_\_\_ County: \_\_\_\_\_

This student is applying to attend "Med★Stars" AHEC Honors Experience in July 2013. Please assess his/her suitability as a participant in this five-day experience. Our intent is to select a limited number of students who:

- ✓ have demonstrated academic ability and initiative
- ✓ have fewer opportunities than other students;
- ✓ have expressed interest in health careers;
- ✓ are currently in their junior or senior year in high school (ages 16-19 only)

We encourage applicants who meet the above criteria and who may not have opportunities such as this one for economic reasons. Your recommendation is very important to our selection process. Thank you for considering this carefully. In comparison with other students you have known, please evaluate the applicant in the following areas:

	Highest				Lowest
<b>Leadership Skills:</b> (problem solving, ability to see choices, etc.)	5	4	3	2	1
<b>Motivation:</b> (self-starter)	5	4	3	2	1
<b>Verbal Skills and Expression:</b> (communication skills)	5	4	3	2	1
<b>Interpersonal Skills:</b> (ability to get along with others)	5	4	3	2	1
<b>Sincerity:</b> (genuine interest in health careers)	5	4	3	2	1
<b>Maturity:</b> (stable, responsible, handles situations well, respectful of instructors)	5	4	3	2	1

Student's strengths as you see them (for additional writing space use the back of this page):

Student's weaknesses as you see them ("none apparent" is an acceptable answer):

Do you feel this student is at a maturity level that will allow him/her to listen respectfully to health professionals in a professional setting, and be considerate of their time commitments?

**SUMMARY COMMENTS:** Please note overall impression of student and additional pertinent comments (use back of this page if necessary).

Evaluator's Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation and/or relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_

The evaluator must send this form directly to:

**Beth Rodgers, AHEC Program Office**  
**Oregon Health & Science University**  
**L612, 3181 SW Sam Jackson Park Road,**  
**Portland, OR 97239, [rodgerbe@ohsu.edu](mailto:rodgerbe@ohsu.edu)**  
**Tel 503.494.2528, Fax 503.494.0626**

**Due by April 5, 2013**

Separate Page for Essay