2027 Pathways Program Application

Thank you for your interest!

Deadline to apply: January 3, 2027 at 11:45 p.m. PST. Late applications will not be accepted.

Please review the information on the UCEDD Pathways Program Webpage before completing this application. On the webpage, you will find important information about program details, requirements, dates, and deadlines.

You may return to this application form multiple times until completed and submitted. Once submitted, you will not be able to edit your responses. It can be helpful to download the PDF on the website, write down your answers, and then come back to this application and enter your information in this form to submit.

If you need accommodations to complete this application, please email: uceddpathways@ohsu.edu.

General Information

Applicant Contact Information: First and Last Name

Applicant Permanent Mailing Address:

- Address, City, State, Zip Code

Which county is your permanent mailing address located in?
Please select your county of residence. Eligibility for the Pathways program is limited to students living in rural areas within the counties listed below:

- Grant
- Crook
- Deschutes
- Lane
- Coos
- Curry
- Josephine
- Jackson
- Klamath
- Lake
- Harney
- Jefferson

Applicant email addresses:

- Primary (permanent email - no educational .edu addresses)
- Secondary (.edu or other email addresses)

Applicant Phone Number:

Applicant Date of Birth (mm/dd/yyyy):

How old will you be on April 1, 2026?

- Younger than 16
- 16
- 17
- 18
- 19

Internship Attendance and Placement Questions

The Pathways Program includes required virtual and in-person experiences designed to help you explore healthcare careers, build professional skills, and connect with mentors and peers. We encourage participants to attend all program activities. Which are:

April 2027: Kickoff Event (in person, Klamath Falls)

May to October 2027: Healthcare Mentorship (monthly hour virtual meetings with a healthcare professional)

June 14 to August 6, 2027: Summer Internship (8-week virtual internship, approximately 24 hours per week)

Aug. 6, 2027: OHSU Graduation Experience (visit OHSU, participate in activities, and present your project)

October 2027: Oregon Rural Health Conference (learn and network with healthcare professionals from across Oregon)

Is there anything that might make it difficult for you to attend or participate in the Pathways Program?

This could include transportation, work, school, family responsibilities, disability-related needs, or other challenges. Sharing this information helps us understand how we can best support participants. We encourage you to apply even if you expect challenges with participation.

- No
- Yes (if yes, please explain)

Is there anything that would prevent you from completing the required internship hours? (24 hours per week, between the hours of 8 to 5 pm PDT Monday through Friday, for 8 weeks)

- No
- Yes (if yes, please explain)

Do you anticipate any planned absences during the 8-week internship from June 14 to August 6, 2027? Please explain below and include dates, be specific.

Are there any resources or supports that would help you fully participate in the Pathways Program?

Which healthcare careers are you interested in exploring? (Select all that apply.)

- ❑ Physician
- ❑ Nursing
- ❑ Dentistry
- ❑ Pharmacy
- ❑ Public Health
- ❑ Psychiatry or Mental Health
- ❑ Physical Therapy
- ❑ Occupational Therapy
- ❑ Research
- ❑ Healthcare Administration
- ❑ Social Work
- ❑ Undecided
- ❑ Other:

Education

The UCEDD Pathways Program starts in April 2027. To help us determine eligibility, select the grade you will be enrolled in on April 1, 2027.
Example: If your high school graduation date is June 2027, select High School Senior.

- ❑ High School Freshman
- ❑ High School Sophomore
- ❑ High School Junior
- ❑ High School Senior
- ❑ Other (please fill in below):

Will you be enrolled in high school or college in the fall of 2027?

- Yes
- No

Current High School information

- Name:
- City/Town:
- State/Province:

If you are going into college in fall 2027, please add the information below.

- Name:
- City/Town:
- State/Province:

If you will be under 18 on April 1, 2027, please provide parent/guardian contact information. If you are selected for the Pathways Program, we will contact your parent or guardian to complete the required consent forms before the program begins.

- Name:
- Phone number:
- Email address:
- Relationship to applicant:

Emergency Contact Information

(leave blank if it is the same as the parent/guardian information above)

- Name:
- Phone number:
- Email address:
- Relationship to applicant:

Employment, Volunteer, or Internship Experience

We're interested in learning about your current or previous job, volunteer, or internship experience.

Please note: Previous employment, volunteer, or internship experience is not required to qualify for the Pathways Program. We welcome applications from students with a wide range of experiences, including those who are applying for their first internship or work experience.
Please use this section to provide information about positions you have held.

It's okay if you have less than three. If you have more than three, please list your three most relevant positions.

#1- Employer or organization information

- Employer Name:
- Company or organization:
- Address:
- City/Town:
- State/Province:
- Zip/Postal code:
- Phone Number:

Position (your job title or role at the organization):

Explanation of duties:

Dates of Employment/Volunteer/Internship:

#2- Employer or organization information

- Employer Name:
- Company or organization:
- Address:
- City/Town:
- State/Province:
- Zip/Postal code:
- Phone Number:

Position (your job title or role at the organization):

Explanation of duties:

Dates of Employment/Volunteer/Internship:

#3- Employer or organization information

- Employer Name:
- Company or organization:
- Address:
- City/Town:
- State/Province:
- Zip/Postal code:
- Phone Number:

Position (your job title or role at the organization):

Explanation of duties:

Dates of Employment/Volunteer/Internship:

Short Essay Questions

Please provide responses to the following prompts. These answers are an important part of the application and one of the main ways we get to know our applicants and choose applicants to participate in an interview.

If you would like to submit your answers in a different format, such as video or audio, please contact us at: UCEDDPathways@ohsu.edu.

We suggest that your written responses be at least 200 to 300 words in length.

How will this internship help you explore and prepare for a healthcare career or job you're interested in? Please give at least two examples of what you hope to learn during this program.

People with disabilities in rural areas often face barriers to accessing healthcare services. Why do you think this issue is important, and how could future healthcare professionals help address it?

References

Please provide contact information for two personal and/or professional references. Please do not include relatives.

References can be:

- Teacher
- Mentor
- School counselor
- Job coach
- Employer or supervisor
- Volunteer supervisor
- Coach
- Faith or spiritual community leaders
- Other individuals not related to you who can speak to your skills, abilities, and professionalism

An email address and/or phone number are required for each reference.
If you are selected to be an intern, we will contact your references either through email or by calling them and asking for a brief recommendation.

Reference #1

- First and Last Name
- Email Address
- Phone Number
- Relationship to applicant:

Reference #2

- First and Last Name
- Email Address
- Phone Number
- Relationship to applicant:

Demographic Questions

The demographic questions are intended to help us better understand who applies to our program. You may select "I prefer not to answer" for these questions.

Personal relationship with disability. Check all that apply:

- ❑ I am a person with a disability
- ❑ I am a person with a special health care need
- ❑ I am a family member of a person with a disability
- ❑ I am a family member of a person with a special health care need
- ❑ I don't have a personal relationship with disability
- ❑ I prefer not to answer
- ❑ Other (please fill in below:

Check what applies to you:

- o I am a first generation college student now or when you go to college (Defined as a student whose parents have not earned an associate's degree or higher)
- o I am not a first generation college student now or when I got to college
- o I prefer not to answer

Race (select all that apply)

- ❑ White: refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ❑ Black or African American: refers to people having origins in any of the Black racial groups of Africa.
- ❑ American Indian and Alaskan Native refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe:
- ❑ Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).
- ❑ Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ❑ More than one race includes individuals who identify with two or more racial designations
- ❑ I prefer to self-describe (please share details in text box):
- ❑ I prefer not to answer

Applicant Ethnicity:

Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race. Please check all that apply:

- ❑ Hispanic
- ❑ Non-Hispanic
- ❑ Latino
- ❑ I prefer not to answer

How did you find out about us?

How did you learn about this program?

- ❑ OHSU Website or email newsletter
- ❑ School email
- ❑ Talked to UCEDD staff at an event
- ❑ Flyer
- ❑ Teacher
- ❑ School Counselor
- ❑ Parent
- ❑ Recommended by a friend, classmate or coworker
- ❑ Social Media
- ❑ Other (please specify below):

Please check box if you're interested in receiving future communication about:

- ❑ Internship Program announcements
- ❑ Future events, trainings and webinars for students
- ❑ Future events trainings and webinars for professionals and general public
- ❑ University Center for Excellence in Developmental Disabilities (UCEDD) quarterly Newsletter
- ❑ Community Engagement Grant
- ❑ Oregon Office on Disability Health (OODH) quarterly Newsletter
- ❑ I'd like to sign up for all of these communications!

If other opportunities come up with the UCEDD, can we contact you?

- ○ Yes
- ○ No

This is the end of the UCEDD 2027 Pathways Program Application.