



# CAHCON

## Central Appalachian Health Careers Opportunity Network

WEST VIRGINIA UNIVERSITY AND WESTERN MARYLAND AHEC

HEALTH CAREERS OPPORTUNITY PROGRAM

SUMMER EDUCATIONAL ENRICHMENT PROGRAMS

### PE APPLICATION

This program is funded by the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Disadvantaged Assistance. The information requested here is confidential and is required for future funding purposes. **(Please type or print in ink)**

TODAY'S DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
 (last, suffix) (first) (middle) (nickname)

Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Please attach a Wallet-size photo to the top of this page.

U.S. Citizen:  Yes  No If no, Visa status: \_\_\_\_\_

Racial/ethnic self-description—Requested for reporting purposes per federal guidelines.(Check only one):

- Black/African American
- American Indian or Alaskan Native
- White
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- Asian
- Other (please specify): \_\_\_\_\_

Present phone number and mailing address:

\_\_\_\_\_ (street/box number)

Telephone: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_ (city) (state) (zip)

County \_\_\_\_\_

Permanent phone number and mailing address:

\_\_\_\_\_ (street/box number)

Telephone: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_ (city) (state) (zip)

County \_\_\_\_\_

#### Family Background: Completed Education

	High School	4 year Degree	Advanced Degree (e.g. MS, PhD, MD)	Occupation (please list)
Mother's education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian's education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL INFORMATION**



**EDUCATION INFORMATION**

High school attended:			
H.S. grade point average:		H.S. class standing	
H.S. class size:		Year of graduation:	

In what extracurricular, community and vocational activities have you participated?

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What academic honors, awards, or scholarships have you received in high school and college?

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Were you ever required to leave school for disciplinary or academic reasons?  
 Yes  No *If yes, please explain:* \_\_\_\_\_

If you have taken the ACT or SAT, list scores:

SAT		SCORES		ACT		SCORES	
Verbal				English			
Math				Mathematics			
Composite				Reading			
				Science Reasoning			
				Composite			

To which colleges or universities have you applied for next fall?

<input type="checkbox"/> 1=West Virginia University	<input type="checkbox"/> 2= Marshall University	<input type="checkbox"/> 3=Frostburg State University
<input type="checkbox"/> 4=University of Maryland		
<input type="checkbox"/> 5=Other Institutions <b>(Please Specify)</b>		

To which colleges or universities have you been accepted for next fall?

<input type="checkbox"/> 1=West Virginia University	<input type="checkbox"/> 2= Marshall University	<input type="checkbox"/> 3=Frostburg State University
<input type="checkbox"/> 4=University of Maryland		
<input type="checkbox"/> 5=Other Institutions <b>(Please Specify)</b>		

Which college or university do you plan to attend next fall?

<input type="checkbox"/> 1=West Virginia University	<input type="checkbox"/> 2= Marshall University	<input type="checkbox"/> 3=Frostburg State University
<input type="checkbox"/> 4=University of Maryland		
<input type="checkbox"/> 5=Other Institutions <b>(Please Specify)</b>		

Have you already taken courses for college credit?  Yes  No  
*If yes, list courses and grades:*

COLLEGE	COURSES	FINAL GRADE

Have you taken any AP courses?  Yes  No *If yes, list courses and grades:*

COURSES	GRADES

# ESSAY:

Please choose two out of the four topics and write one essay in which each one is addressed (incorporate both topics into one essay).

1. Describe a circumstance or obstacle that has had an impact on your life and how did this circumstance or obstacles influence your interest in a career in medicine?
2. Describe why you believe you can succeed in a Health Career.
3. Describe your personal strengths and commitments that have helped you obtain your current level of education.
4. Describe how learning about Health Careers will be of benefit to you in planning for your future?

## Guidelines

- ? Essay should be no more than **1 page long** , double spaced, 12 point font, Times New Roman
- ? Essay is to be submitted with your application

## Helpful Hints:

- ? Write from your heart. Let the reader know who you are and **NOT** who you want them to think you are. The essay in which you are honest about your feelings and experiences is most powerful.
- ? There is no "perfect essay" formula. As long as what you are writing addresses the topics you choose clearly, thoughtfully, and with attention to grammar, you will increase your potential for the "perfect essay."
- ? Practice makes perfect. It takes several drafts to create a well-written essay. Developing an outline of what you are going to write about will help you better organize your thoughts.
- ? Don't stress. You are writing on a subject you know well. Yourself!

## Recommendations:

List names, positions, and subjects taught by teachers from math and/or science that you have asked to write letters of recommendation:

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

Position: \_\_\_\_\_

Subject taught: \_\_\_\_\_

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

Position: \_\_\_\_\_

Subject taught: \_\_\_\_\_

## COMMITMENT:

By my signature below, I hereby certify that the information on this application is true and accurate to the best of my knowledge. In addition, I understand that if I am selected for this program , I am required to attend all scheduled program functions, including weekend and evening activities.

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(Signature)

(Date)

**DEADLINE:**

Your total application must be received by **April 15** and must include:

1. COMPLETED APPLICATION FORM (omitting any answers will invalidate your application);
2. OFFICIAL TRANSCRIPT sent directly to us by all high schools or colleges you have attended;
3. TYPED ONE PAGE ESSAY; and
4. LETTERS OF RECOMMENDATION

For further information or if you have questions, please call the numbers or write to the addresses below.

**FOR MEDICINE, DENTISTRY, OR PHARMACY SEND TO:**

HEALTH CAREERS OPPORTUNITY PROGRAM  
WEST VIRGINIA UNIVERSITY  
ROBERT C. BYRD HEALTH SCIENCES CENTER  
PO BOX 9026  
MORGANTOWN WV 26506-9026  
(304) 293-2420 or 1-800-345-HCOP (WV only)

OR

**FOR ALLIED HEALTH SEND TO:**

WESTERN MARYLAND AHEC  
11 COLUMBIA STREET  
CUMBERLAND MD 21502  
(301) 777-9150x106

Application may be photocopied.

You may also obtain more information from our website at **[www.cahcon.org](http://www.cahcon.org)**.

## Completed Application Checklist

- 1. Personal Information
- 2. Wallet-size photo (Photo will not be returned)
- 3. Program Information
- 4. Family Background
- 5. Financial Information
- 6. Educational Information
- 7. Transcripts
- 8. Essay
- 9. Recommendations (2)

**Incomplete Applications Will Not Be Accepted.**

# Recommendation

Name of Applicant \_\_\_\_\_

Current Institution Attending \_\_\_\_\_

I waive ( ) I do not waive ( ) my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. par 1232g(a)(1). I understand that this form will be used by West Virginia University solely in its procedures relating to acceptance to the HCOP Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone\_( ) \_\_\_\_\_ Pager\_( ) \_\_\_\_\_

Fax\_( ) \_\_\_\_\_ E-mail \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

Dear Recommender,

The Central Appalachian Health Careers Opportunity Network (CAHCON) is a comprehensive program to provide students with the knowledge, skills, support, and abilities to enter and graduate from colleges and universities offering careers in allied health, medicine, dentistry, and pharmacy. This applicant is applying to the Summer Health Career Opportunity Program (HCOP) at West Virginia University. This is an intensive summer program sponsored by HCOP. The objectives of the HCOP Summer Program are to encourage and facilitate students from educationally and economically disadvantaged backgrounds to seek and successfully graduate from a health professions school.

Your candid assessment of the applicant's ability and potential would be greatly appreciated. The selection committee is particularly interested in your assessment of the following about the applicant: 1. Performance in your class(es), if applicable; 2. Academic talent; 3. Personal character; 4. Potential to pursue a career in a health profession.

**5- Outstanding 4- Above Average 3- Average 2- Below Average 1- Poor 0- unable to rate**

CRITERIA	RATING	PLEASE USE THIS SECTION TO ADD COMMENTS
Professionalism/Maturity		
Reliability/Responsibility		
Problem Solving abilities		
Commitment level		
Communications skills		
Self-discipline		
Ability to work with others		

Recommender Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name of Applicant \_\_\_\_\_

Current Institution Attending \_\_\_\_\_

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone\_( ) \_\_\_\_\_ Pager\_( ) \_\_\_\_\_

Fax\_( ) \_\_\_\_\_ E-mail \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

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Problem Solving abilities		
Commitment level		
Communications skills		
Self-discipline		
Ability to work with others		

Recommender Signature \_\_\_\_\_ Date \_\_\_\_\_