

Midwestern University
Health Careers Institute for High School Students
July 12-16, 2021

NOTE: Students must attend all five days and be a current (as of April 1) Junior or Senior in High School.

Please scan and email a completed application and transcript by **May 1, 2021** to kmatto@midwestern.edu

If you would like to mail in your application, it must be postmarked by **May 1, 2021**.

All students will receive notification of acceptance status via email by **May 15**.

Pending COVID-19 protocols, this program will be held virtually or on the Midwestern University Campus, TBD in May 2021. Either way, it will include hands-on and some small group interactive activities.

For Questions and Mailing Address:

Karen Mattox, Assistant Director, Communications
Midwestern University • 19555 North 59th Avenue, Glendale, AZ 85308
FAX: 623/572-3791 Phone: 623/572-3310 Email: kmatto@midwestern.edu

PLEASE NOTE: We typically receive 150+ applications for 48 seats in the program. Participants are selected based on academic achievement, community service, and enthusiasm for the health professions. Be sure to fill out each question completely, sign the application, and get a parental signature if under 18.

Please type or use black ink.

Name: (Last) _____ (First) _____ (Middle) _____

Name of High School You Are Presently Attending: _____

Out of state applicants are welcome; please note housing is not provided.

Home Address: (Street) _____

(City) _____ (State) _____ (Zip) _____ **Gender:** ____ F ____ M

Phone: (Home) _____ **E-Mail (PRINT CLEARLY):** _____

Current Year in School: Junior Senior (graduating May/June 2021)

Date of Birth* (Mo/Day/Year): / /

1. Please list your extracurricular activities and honors, including community service, leadership responsibilities, healthcare volunteer hours, and work experience.

2. What careers are you currently considering overall (all fields)?

Essay Questions (Please answer ALL questions on separate pages no longer than 1 page double-spaced per question)

3. What makes you a good candidate for this program?
4. What healthcare/science career are you most interested in pursuing and why?
5. Describe an interaction you have had with a healthcare professional that influenced your life. Explain.
6. Describe your favorite project from a science and/or medical arts course you have taken.

Other: Please Complete for Internal Use

7. Please attach a copy of your high school transcript.
8. Do you anticipate becoming the first generation in your family to attend college?
 Yes No

Referring MWU Employee or MWU Student (Name: _____)

12. Parental Release (REQUIRED):

If your son/daughter is accepted into the MWU Health Careers Institute, he/she will participate in a variety of lab activities, possibly including taking blood pressure, practicing splinting/casting, simulating blood draws, performing science experiments, and participating in optional anatomy lab exercises. Your signature below indicates your approval for your son/daughter to participate in all activities at the Institute, and grants MWU permission to use your child's photo, video images, or voice in TV/radio/print/electronic media as needed.

PARENT SIGNATURE

Parental name (please print):	
Parental signature (Required):	Date:

APPLICANT SIGNATURE (Required)

Applicant's name (please print):	
Applicant's signature (Required):	Date: