

The Sunnyside High School Doctors Academy is partially funded through federal grants. The information requested is in compliance with the "Health Professionals Education Partnerships Act of 1998" P.L. 105-392, reauthorized and amended section 739 of the PHS Act (Educational Assistance in the Health Professions Regarding Individuals from Disadvantaged Backgrounds), generally known as the Health Careers Opportunity Program.

### STUDENT INFORMATION

Entering Grade Level: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
(Circle one)

Academic Enrollment Year 2007-08

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Date of Birth (mo/day/year): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current School: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Home High School for 2007-08: \_\_\_\_\_

- Are you currently enrolled in a Junior Doctors Academy Program?  Yes  No  
If yes, how long and what has been your most rewarding experience? \_\_\_\_\_
- Which area of the health or medical profession are you most interested in? \_\_\_\_\_

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

### PARENT/GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Parent/ Guardian Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Child's Ethnicity (for statistical purposes only):

<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Laotian	<input type="checkbox"/> Thailand	<input type="checkbox"/> Philippine Islands	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong
		<input type="checkbox"/> Asian Indian	

- Language most frequently spoken at home: \_\_\_\_\_
- Preferred language for written materials: \_\_\_\_\_
- Did your child qualify to receive reduced or free lunch during the 2006-07 School year?  Yes  No

Highest level of education completed by:

#### Mother/Guardian

Did not finish high school  High school graduate  
 Some college  AA/AS Degree  
 BA/BS Degree  Master's Degree  
 Doctorate Degree

#### Father/Guardian

Did not finish high school  High school graduate  
 Some college  AA/AS Degree  
 BA/BS Degree  Master's Degree  
 Doctorate Degree

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL STATEMENT

Please provide a 1-2 page essay about your academic background and include the following in your statement:

- **Why** you have chosen to apply to the Doctors Academy?
- **How** have you taken advantage of the academic opportunities you have had to prepare you for high school?
- **Tell us** about your talent, experience, personal quality and the contribution(s) you would bring to the Doctors Academy?

On a separate sheet, please provide a minimum of two paragraphs that describes the following:

- 1) Please **define** *health disparity* and **identify** at least one within our community.

**(Please type or print legibly in ink.)**

(Must be from a Math, Science, English, or a Junior Doctors Academy Teacher)

## SUNNYSIDE HIGH SCHOOL DOCTORS ACADEMY

### LETTER OF RECOMMENDATION

**To Evaluator:** The letter of recommendation is a valued part of the admission process. Please provide your evaluation of the candidate's abilities below per each category. **To the applicant and evaluator:** It is understood that this letter of recommendation will be maintained in confidence by Sunnyside High School and will be used as one factor in considering admission to the Doctors Academy. In accordance with the Family Education Rights and Privacy Act of 1977, and the related policies and regulations, it is also understood that upon request, this letter will be made available to the applicant for examination.

**Applicant's Name** \_\_\_\_\_

(Please Print)

Please evaluate the applicant with respect to each category below	Excellent	Good	Average	Below Average
Communication skills				
Motivation and effort				
Study Habits				
Ability to interact with others				
Academic Ability				
Imagination and Creativity				
Organization skills				

\_\_\_\_\_ I do recommend this student.

\_\_\_\_\_ I do not recommend this student.

**Evaluator's Name:** \_\_\_\_\_  
(Please Print)

**Title/Position:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This letter of recommendation needs to be completed *prior to* December 1, 2006. Please seal this recommendation letter in an envelope and give to the student to include with the completed Student Application or mail to:  
UCSF Fresno Latino Center, c/o Diana Cantu, 550 E. Shaw Ave., Suite 210, Fresno, CA 93710