University of California San Francisco Fresno
Latino Center for Medical Education and Research Program

JUNIOR DOCTORS ACADEMY
A Middle School Health Professions Preparatory Academy

ADMISSION APPLICATION
2017-2018
DEADLINE: February 17, 2017
(Late applications will be considered on space available basis)

The Junior Doctors Academy is an academic enrichment program for motivated economically or educationally disadvantaged 7\textsuperscript{th} and 8\textsuperscript{th} grade students interested in a career in health or medicine and attending Caruthers Elementary School

Application also on JDA website:
http://www.fresno.ucsf.edu/latinocenter/jdaabout.html

Key Partners:
University of California, San Francisco School of Medicine ° UCSF-Fresno Medical Education Program Latino Center for Medical Education & Research ° California State University, Fresno ° Fresno County Office of Education ° Caruthers Unified School District ° State Center Community College District° Community Regional Medical Centers °

Funding in part by:
°Caruthers Unified School District
°The California Wellness Foundation °The California Endowment

Implementation of this program for 2017-2018 is based on the availability of funding.
JDA applicant, please use the following checklist to ensure all items are complete and submitted on or before the deadline of **February 17, 2017**

**JDA application must include the following items:**

- [ ] **Page 1:** Complete and signed “Student and Parent Information” Sheet
- [ ] **Page 2:** Personal Statement (typed or written legibly)
- [ ] **Page 3:** One Recommendation form from current teacher. (submit in a sealed envelope)
- [ ] Copy of the student’s current 1st quarter report card.

**Office use only:**

<table>
<thead>
<tr>
<th>Complete Yes or No</th>
<th>Eligible: Yes or No</th>
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<tr>
<td>If no: Items pending:</td>
<td>Item(s):</td>
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<td>Date:</td>
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<td>Comments:</td>
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Submit this page with your application items
GENERAL INFORMATION

What is the Junior Doctors Academy (JDA)?
JDA is an academic enrichment program for qualified and motivated seventh and eighth grade students at Caruthers Elementary School. It is NOT a club. JDA is offered to students as a course within the daily class schedule for the duration of the academic year.

Mission Statement:
To nurture the development of future doctors and health professionals through a supportive and academically rigorous educational program for middle school students from disadvantaged and underrepresented backgrounds.

Program goals are to:
- Prepare students for a rigorous high school academic experience that will lead to meeting entrance requirements to a four-year college and university.
- Expose middle school students to colleges and universities, and increase their understanding of becoming a competitive applicant for higher education.
- Increase student knowledge of scientific and health related topics relevant to a future career in a health profession.
- Develop skills that will enhance students’ academic, social and leadership abilities.

Program Eligibility:
Applicants who are:
- Grade point average of 2.8 or better
- Educationally or economically disadvantaged
- Express an interest in pursuing a professional degree in health or medicine.

If you are eligible, please continue with the application process.

Selection of JDA students is based on:
- Grade point average of 2.8 or better 1st quarter report card (Students acceptance into the JDA program is contingent upon their 4th quarter GPA)
- Personal Statement legibly written by the student
- One Recommendation form from your current teacher

Expectations of JDA students:
- Enroll in the JDA class with an emphasis on science, math, language arts and/or AVID (Advancement Via Individual Determination).
- Commit to the program for the entire year.
- Maintain a 2.8 grade point average (GPA).
- Attend the extracurricular JDA activities offered.
- Participate in after school enrichment activities, study trips, Saturday workshops, service events, summer program, CollegeEd, and other activities designed to enhance student achievement.
- Seek academic support from the JDA Academic Support Program; which include tutorial sessions, tutors, interns, JDA teachers and JDA Coordinators.

Expectations of JDA parents:
- Support student achievement and involvement in events and activities.
- Be involved in student’s education and career planning.
- Participate in events and other activities designed for parents.

Retain this page for your records
### JDA PROGRAM CONTACTS:

**Caruthers Elementary School**
13699 S. Quince Ave, Caruthers, CA 93609  
Barry Watts, Interim Principal  
Spring Bibian, JDA Teacher (JDA Contact)

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Contact Information</th>
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</thead>
</table>
| Caruthers Elementary School | 13699 S. Quince Ave, Caruthers, CA 93609 | Office: (550) 495-6400 Fax: (550) 864-0610  
Barry Watts, Interim Principal: Office (559) 495-6400 bwatts@Caruthers.k12.ca.us  
Spring Bibian, JDA Teacher: Office (559) 495-6400 sbibian@caruthers.k12.ca.us |

**UCSF Fresno Latino Center for Medical Education and Research**
550 E. Shaw Ave St. 210, Fresno, Ca 93710;  
Katherine A. Flores, MD, Director  
Bertha A. Dominguez, Education Director  
Lorena Ramos, JDA Program Coordinator  
Lamberto Heras, Program Coordinator

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</thead>
</table>
| UCSF Fresno Latino Center for Medical Education and Research | 550 E. Shaw Ave St. 210, Fresno, Ca 93710 | Office: (559) 241-7670; Fax: (559) 241-6585  
Katherine A. Flores, MD, Director: Office (559) 241-7670 kflores@fresno.ucsf.edu  
Bertha A. Dominguez, Education Director: Office (559) 241-7670 bdominguez@fresno.ucsf.edu  
Lorena Ramos, JDA Program Coordinator: Office (559) 241-7670 lramos@fresno.ucsf.edu  
Lamberto Heras, Program Coordinator: Office (559) 241-7670 lheras@fresno.ucsf.edu |

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STUDENT INFORMATION FORM

☐ Caruthers Elementary School

STUDENT/PARENT/LEGAL GUARDIAN INFORMATION (please print):

Entering grade level for next year (2017-2018): ____ 7th grade ____ 8th grade (Check one)

Student ID#: ___________________ Student Name: ___________________________ Male _____ Female _____

Student’s Date of Birth (month/day/year): ___________________ Parent/s/Guardian’s Name: Father _______________________________

Mother________________________________________

Legal Parent/Guardian Address: ______________________________________________ City: ___________ Zip code: ___________

Home Phone: ___________ Cell Phone #: ___________ Work Phone #: ___________ Email address: ____________________________

Current Elementary School: ___________________________ Home Middle School for 2017-2018___________________________

Which area of the health or medical profession is student most interested in? __________________________________________

Child’s Ethnicity (for statistical purposes only):

___ African-American ___ Native American Indian ___ Caucasian ___ Latino
___ Asian: ☐ Chinese ☐ Japanese ☐ Korean ☐ Cambodian ☐ Hmong
☐ Laotian ☐ ThaiLand ☐ Philippine Islands ☐ Vietnamese ☐ Indian
___ Native Hawaiian or Other Pacific Islander ___ Other (Please specify) __________________

Did your child qualify to receive reduced or free lunch during the 2016-2017 school year? ___ Yes ___ No

Parent/Guardian Highest level of education completed by:

<table>
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<tr>
<th>Mother/Guardian</th>
<th>Father/Guardian</th>
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<tbody>
<tr>
<td>___ Did not finish high school</td>
<td>___ Did not finish high school</td>
</tr>
<tr>
<td>___ High school graduate</td>
<td>___ High school graduate</td>
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<tr>
<td>___ Some college</td>
<td>___ Some college</td>
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<tr>
<td>___ AA/AS Degree</td>
<td>___ AA/AS Degree</td>
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<tr>
<td>___ BA/BS Degree</td>
<td>___ BA/BS Degree</td>
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<tr>
<td>___ Master’s Degree</td>
<td>___ Master’s Degree</td>
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<tr>
<td>___ Doctorate Degree</td>
<td>___ Doctorate Degree</td>
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(Make sure to complete every section of application above)

Parent/Guardian Signature: ___________________________ Date: ___________________________

Student Signature: ___________________________ Date: ___________________________

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### PERSONAL STATEMENT FORM

**Student ID #: __________  Student Name: ________________________________**

Please provide a short one page essay about your academic background and interests. Please include the following five topics:

(Please type or print legibly below or on the separate sheet).

1. What are your academic strengths?
2. What are your future goals?
3. What is your interest in medicine or other health profession? Why would you like to participate in the Junior Doctors Academy?
4. Give an example and explain a leadership role you took part of at school, home, or any other setting. (example: school/class group leader, captain of my soccer team, president of my school)
5. What makes you a good candidate for the JDA program?

(Continue Personal Statement on back page).

Use back page if needed

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Student ID #: __________        Student Name: ____________________________

To Evaluator: The Recommendation form is a valued component of the admission process. Please provide your evaluation of the candidate’s abilities.

To the applicant and evaluator: It is understood that this Recommendation form will be maintained in confidence by UCSF Fresno Latino Center for Medical Education and Research and will be used as one factor in considering admission to the Junior 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.

<table>
<thead>
<tr>
<th>Rank student according to scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Communication Skills</td>
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<tr>
<td>Motivation and effort</td>
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<tr>
<td>Ability to interact well with others</td>
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<tr>
<td>Imagination and creativity</td>
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<tr>
<td>Citizenship</td>
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_____ I do recommend this student.  
_____ I do recommend this student with reservation.  
_____ I do not recommend this student.  

Please list any reservations you may have in any of the categories above. List possible support for candidate.

Evaluator’s Name: ____________________________________________________________ (Please Print)

Title/Position: ___________________________________________ Contact Number: _____________________

School: ____________________________________________________________________________

Evaluator’s Signature: __________________________________________ Date: ______________

This recommendation form must be submitted on or before February 17, 2016. The recommendation form can be forwarded to the student in a sealed envelope; or mailed to UCSF Fresno Latino Center, 550 E. Shaw Ave, Ste 210, Fresno, CA 93710 or faxed to: (559)-241-6585

Middle School JDA Contacts  
Caruthers Elementary School  
Lorena Ramos (JDA Coordinator) Email: lramos@fresno.ucsf.edu Phone: (559)-241-7670  
Spring Bibian (JDA Teacher) Email: sbibian@caruthers.k12.ca.us (559) 495-6400

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