



2019 Advanced MedQuest Application
Deadline: Friday, March 1, 2019

Program Dates: Sunday July 14 – Thursday July 18, 2019

This program is for VT AHEC MedQuest alumni, ONLY. The application is to be completed by the student.

Name: Last MI First Birth Date: / /

Name of High School: Current Grade (circle one): 10 11 12

Mailing Address: Street Town Zip Code

Home Tel: Cell #: Gender: Male Female

E-Mail that can be used in Summer:

Parent E-mail:

VSAC Student? Yes No If Yes, VSAC Counselor's Name:

Will you be a 1st generation college student (neither of your parents has a 4-year degree): Yes No

- 1. What have you done since MedQuest to further your interest in a health career, either in or out of school?
2. What extracurricular sports, community or job activities are you involved in?
3. If you are a graduating high school senior, what are your plans for after high school? If you will be in high school next year, what courses do you plan to take?



JOB SHADOWING

Job Shadowing is the cornerstone of Advanced MedQuest. As an alumnus of the MedQuest program, you are familiar with the job shadow process. At Advanced MedQuest this year, you will participate in two job shadows. These shadows will be pre-determined by you and SVTAHEC staff. You will be expected to have conversation with SVTAHEC staff prior to Advanced MedQuest to discuss your career interests and goals. This will assure that you have quality shadows that are both beneficial to you and your preceptor.

Please state your current career interest _____

What other areas would you be interested in shadowing:

Please Note: UVM Medical Center does not allow high school students to shadow in the Emergency Department, Operating Room, OB/GYN or Pediatric ICU. We will work with you to find an alternative shadow for you if one of these areas is your career goal.

PERSONAL STATEMENT

This personal statement will demonstrate your ability to organize your thoughts and express yourself. On another piece of paper, please write an essay (250-500 words) using a topic from the options listed below.

- Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- State an issue of concern and why it is important to you.
- Name a person who has had a significant influence on you and tell us why.

REFERENCES

Your application requires one (1) reference form from a high school teacher, guidance counselor, VSAC counselor, volunteer coordinator or other non-family reference. **Your application will not be considered for admission without a reference.** References can be mailed in separately.

Please indicate below who will be providing your reference:

Name of Reference: _____

SIGNATURES

STUDENT:

I certify that the information given in this application is true and correct.

Signature of Applicant: _____ Date: _____



TO BE COMPLETED BY PARENT/GUARDIAN

Parent/guardian: _____

Please Print

I give permission for _____ to attend AMQ 2019.

The cost to attend the program is \$500. A \$150.00 nonrefundable deposit is due April 30, 2019 after the student is notified of admission to Advanced MedQuest. The remaining \$350 is due by May 31st. Scholarships are available.

I am requesting a scholarship for my daughter/son. Yes___ No___. If yes, you must complete the Scholarship Application form and return it with this Advanced MedQuest application.

Signature of parent/guardian: _____

Date: _____

Please refer to the sizing chart below and circle your clothing size.

Men's & Women's:	XXS	XS	S	M	L	XL	XXL
Bust	31-34	35-36	37-39	40-43	44-47	48-50	51-53
Waist	24-26	26-27	28-31	32-34	35-38	39-41	42-45
Hip	35-37	37-38	39-41	42-45	46-48	49-52	53-56
Inseam	28.5	29	29.5	30	30.5	31	31.5

Mail your completed application to: Health Careers Educator
Southern VT AHEC
368 River Street, Suite 145
Springfield, VT 05156

APPLICATION DEADLINE: Friday, March 1, 2019



2019 ADVANCED MEDQUEST REFERENCE FORM

Deadline: March 1, 2019

Advanced MedQuest is a health careers exploration program of Southern Vermont Area Health Education Center.

This 5-day residential program will be held at the University of Vermont, July 14-18, 2019. Students will be selected through a competitive application process. Students applying to this program have already completed a MedQuest program.

Student must submit one, non-family reference. This reference must be received by our office by the deadline or the student's application will not be considered.

Student's Name: _____ High School: _____

Your Name: _____

Relationship with student: _____

Student's strengths as you see them:

Student's challenges as you see them:

Please rate the student in the following areas and provide comments:

Social Skills:

	poor			excellent	
Respect for teachers or adults	1	2	3	4	5
Appropriate interaction with peers	1	2	3	4	5
Interacts with many groups of people	1	2	3	4	5
Adapts to new settings easily	1	2	3	4	5
Communicates clearly and effectively	1	2	3	4	5

Please comment on your overall impression of the student's social skills:

Motivation:

	poor			excellent	
Works hard to achieve his/her full potential	1	2	3	4	5
Gets excited about learning new things	1	2	3	4	5
Sets challenging goals for himself/herself	1	2	3	4	5

Please comment on your overall impression of the student's level of motivation:

Personality & Skills:

	poor			excellent	
Leadership ability	1	2	3	4	5
Identifies and makes good choices	1	2	3	4	5
Ability to sit through presentations that may not be of interest	1	2	3	4	5
Maintains a positive attitude	1	2	3	4	5
Is a responsible, considerate, mature adolescent	1	2	3	4	5
Will interact professionally with patients and professionals	1	2	3	4	5

Please comment on your impression of the student's personality, maturity and skills:

Academic ability/interests:

	poor			excellent	
Strong interest in healthcare careers	1	2	3	4	5
Interest in career education	1	2	3	4	5
Turns in work on time (if applicable)	1	2	3	4	5
Takes assignments seriously and does a thorough job	1	2	3	4	5
Asks questions/is eager to learn	1	2	3	4	5

Please comment on your impression of the student's academic ability and interests:

Check any/all that apply:

- Student is struggling with some difficulties in life right now
- Student has struggled but has been working hard to make improvements
- Student requires frequent behavioral redirection
- Student is shy but can act in a professional manner

Additional Comments:

Signature: _____ Date: _____

Mail/Fax To: Health Careers Educator
Southern Vermont AHEC
368 River Street, Suite 145
Springfield, VT 05056



2019 ADVANCED MEDQUEST SCHOLARSHIP APPLICATION

Student Name: _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____

Father's Name: _____ Occupation: _____

Place of Employment: _____

The Advanced MedQuest fee is \$500. Once a student is accepted into the program, a non-refundable deposit is due by April 30th, 2019. The remaining balance is due by May 31, 2019. Your scholarship amount will impact the amount of the deposit and final balance. Your payment schedule will be outlined in your acceptance letter.

TO BE COMPLETED BY PARENT:

How much do you feel you can contribute towards the tuition? \$_____ (We ask every family to contribute something towards the cost of this program.)

If your student is not awarded a scholarship, will they be able to attend? _____

Please tell us why you are in need of a scholarship:

TO BE COMPLETED BY THE STUDENT: Please tell us why we should consider you for a scholarship?

Signature of Parent

Date