

-MS Delta Alliance: STEAP
STrengthening and Enriching Allied Health Programs
Allied Health Residency Program



When: May 30, 2010 – June 11, 2010

Who may participate?

Juniors who have a strong interest and desire for a career in the Allied Health field are eligible for participation. Students must also have a minimum G.P.A. of 2.75 (4.0 scale) or 3.75 (5.0 scale).

Cost: Free

Application Process:

- Student must complete Allied Health Residency Program Application.
- Student must provide an official copy of transcript.
- Write a 500-600 word essay/personal statement. The personal statement is a very important part of your application. It assists AHRP committee in learning who you are as an individual, and what your morals and integrity are based on as an individual. Include your goals and aspirations for pursuing a career in the health field and how the Allied Health Residency Program and a college education will help you fulfill those goals.
- Student must submit a PowerPoint presentation related to the essay/personal statement.
- Submit two recommendation forms, along with two letters of recommendation.
*(Recommendation forms and letters must be completed and written by math or science teacher.)
- Student must complete interview. **Interviews will be scheduled for all applicants that have met all eligibility and application submission requirements.**

Students will be selected to represent the five county areas, Bolivar, Coahoma, Quitman, Tallahatchie, and Tunica counties. Participants will be selected for AHRP based on their adherence to the instructions outlined herein, development of essay topic, and recommendations (forms and letters). Each application packet will be logged in and dated as it arrives in our office and NO late submissions will be accepted. All required documentation must be submitted in a folder or portfolio. All essays must be typed and double-spaced. Font style must be Times New Roman with a font size of 12. Remember to proof and spell check your paper. Presentation, grammar, spelling, attention to detail, following the requirements, and meeting deadlines are a very large part of the selection process.

You must submit a cover page with your application packet. The cover page must include the title of your essay/personal statement, your (student's) full name, school, grade for 2010-2011 school year, date, and telephone number. **Please do not fax any application materials.**

Acceptance letters/packets will be mailed by February 12, 2010. Your response to the acceptance letter must be received via e-mail by February 15, 2010. (Alternates will be contacted on February 16, 2010.)

Application Deadline: Sunday, January 31, 2010.

(After 5:00 p.m., we will close the application phase. No exceptions!)

Please send to:

Letha Richards, Project Director
MS Delta Alliance: STEAP
Coahoma Community College
3240 Friars Point Road
Clarksdale, MS 38614
(662) 621-4088

lrichards@coahomacc.edu

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Instructions: Please type or print legibly in blue or black ink. If a question is not applicable to you, write "N/A" in the blank.

SECTION A: APPLICANT INFORMATION

Social Security Number: _____ - _____ - _____ Date of Birth _____

Name: _____
Last First Middle

Mailing Address: _____
Street/Apt/Box City State Zip

Street Address: _____
(If different from address above)

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Gender: Male Female Ethnicity (optional): _____

SECTION B: PARENT/GUARDIAN INFORMATION

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Guardian's Name: _____ Phone Number: _____

SECTION C: PROGRAM INFORMATION

How did you learn about this program? (Check the appropriate box(es)).

School Recommendation ___ Parent/Guardian Inquiry ___ Friend/Neighbor ___

Religious Organization ___ Other (specify) ___

Do you have any allergies or other illnesses that need to be considered in the program? Yes ___ No ___

Do you have any physical impairment that will hinder you from participation in this program? Yes ___ No ___

If you answered yes to either of the previous questions, please explain:

Do you have insurance? Yes ____ No ____

Name of Company _____

If you answered yes, what is the policy number? _____

In case of an emergency, list two individuals that can be contacted.

1. Name _____ 2. Name _____

Address _____ Address _____

Number(s) _____ Number(s) _____

Parent/Guardian Consent:

As the parent/guardian, I certify that my son/daughter has my permission to participate in the Allied Health Residency Program at Coahoma Community College. I will also be responsible for providing transportation for my child to and from Coahoma Community College. It is my understanding that he/she will be subject to the rules and regulations of CCC and AHRP. It is also my understanding that Coahoma Community College **will not** be responsible for any injuries due to not following instructions.

Student Signature

Date

Parent/Guardian Signature

Date

For office use only:

DATE RECEIVED: _____ TIME RECEIVED: _____

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Consent for Media / Internet Use

Dear Parent of Prospective Participant:

If your child is selected to participate in the Allied Health Residency Program at Coahoma Community College, please indicate your consent to the following:

I give CCC permission to photograph my child for educational purposes and for the promotion of the program. I also give permission to release **the photo to the media.**

Please check the appropriate line below.

My child may use the Internet.

My child may not use the Internet.

Parent Signature

Date

Student Signature

Date

Applicant: _____
Last First Middle Date

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Recommendation Form A

Applicant's Name _____

How long have you known the applicant? _____

List specific strengths and weaknesses of the applicant that you have observed: _____

Use the following criteria to assess the applicant. Please place an X in the appropriate box.

Personal Characteristics	Below Average	Average	Above Average	Outstanding	Superior
Independence and Self-reliance					
Emotional Maturity and Stability					
Leadership Potential					
Ability to work with others					
Academic Capabilities	Below Average	Average	Above Average	Outstanding	Superior
Mastery of Content					
Communication Skills (Written/Oral)					

Signature: _____

Date: _____

Print Your Name: _____

Phone: _____

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Recommendation Form B

Applicant's Name _____

How long have you known the applicant? _____

List specific strengths and weaknesses of the applicant that you have observed: _____

Use the following criteria to assess the applicant. Please place an X in the appropriate box.

Personal Characteristics	Below Average	Average	Above Average	Outstanding	Superior
Independence and Self-reliance					
Emotional Maturity and Stability					
Leadership Potential					
Ability to work with others					
Academic Capabilities	Below Average	Average	Above Average	Outstanding	Superior
Mastery of Content					
Communication Skills (Written/Oral)					

Signature: _____

Date: _____

Print Your Name: _____

Phone: _____

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Emergency Medical Form

Every precaution is taken to protect the safety of all program participants. In the event of an accident and injury, I hereby, give consent for my child to receive emergency medical treatment deemed necessary at the nearest hospital or health care facility.

Physician Name: _____

Telephone Number: _____

Health Insurance Company: _____

Policy Number: _____

Parent Signature

Date

Student Signature

Date

Applicant: _____
Last First Middle Date

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Academic Verification Form

Student: Make sure you and your parent/guardian have read and signed the form below giving your counselor permission to release your academic transcript.

Counselor: Please complete the following form and mail by Sunday, January 31, 2010.

I, _____, am a student applying for the Allied Health Residency Program at Coahoma Community College. I know that a review of my academic history will be a part of the selection process. I give consent to the counselor to fill out the information below on my behalf and send it to the Allied Health Residency Program Committee.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Counselor Only:

School: _____ School Phone: _____

School Address: _____

Student's Current Grade: _____ Student's Current G.P.A. _____ ACT: _____

I verify that the student is in good academic and disciplinary standing with our school. I highly recommend this student for participation in the Allied Health Residency Program.

Counselor's Signature: _____ Date: _____

Counselor's Name (Print): _____

Applicant: _____
Last First Middle Date

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Student Contract

Please print in blue or black ink

Name: _____	Date: ____/____/____
Home Telephone: _____	Alternate Telephone: _____
In case of an emergency, please contact: _____	
Emergency Phone numbers: _____	_____

Please initial.

- _____ I will arrive at my scheduled time.
- _____ I will abide by all rules and policies of the program.
- _____ I will follow instructions.
- _____ I will make every effort to attend all special activities that have been planned for me.
- _____ I will dress appropriately according to the standards of dress outlined by AHRP.
- _____ I will strive to continually improve in academic performance.
- _____ If an accident or injury occurs, I will notify an AHRP staff member immediately.
- _____ I will refrain from abusive language, threats, fighting or any other form of disruptive actions.
- _____ I will be respectful to others at all times.
- _____ I will not engage in the use of drugs or alcohol.

_____ Student's Signature	_____ Date
_____ Parent's Signature	_____ Date

Applicant: _____
Last First Middle Date

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Check List

- Completed Application
- Recommendations (2)
 - _____ Recommendations Forms (2)
 - _____ Recommendation Letters (2)
- Transcript
- Media/Internet Consent Form
- Parent or Guardian signature(s)
- Academic Verification Form
- Essay/Personal Statement
- Emergency Medical Form

Please send completed application to:
Letha Richards, Project Director
MS Delta Alliance: STEAP
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3240 Friars Point Road
Clarksdale, MS 38614
(662) 621-4088
lrichards@coahomacc.edu

Applicant: _____
Last First Middle Date