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MedLink

**FREE** health sciences and college prep mentorship program!

Curious about health and

science but don’t know

where to start?

Want to talk to people

who have been in

your shoes?

**MedLink** is a UCSF student-run program that wants to introduce **you** to medically-related **science workshops** and give you **support** in preparing for college**.** You’ll be paired with a medical student who will provide personal support through **mentorship** and encouragement. Our target group is under-privileged high school sophomores in San Francisco. If that’s not enough, here’s why you should sign up:

|  |  |  |
| --- | --- | --- |
| **College Preparation** | **Health Sciences** | **Mentoring** |
| Get tips on how to survive the college application process and hear stories from students who dreamt big, overcame obstacles, and realized their goals! | Examine real human cadavers, learn how to take blood pressure, interview patients, perform CPR, and solve disease outbreaks! | Get a medical student role model who will provide one-on-one mentorship to answer your questions and provide support and inspiration! |

**MedLink** sessions run one Saturday a month from November to April from 10am-2:30pm. There’s **free breakfast and lunch** so you won’t go hungry! The program will end in April with a graduation ceremony, allowing you and your mentor to celebrate your many accomplishments during the **MedLink** year.



**Application deadline: Friday, October 1st, 2010**

**APPLICATION FOR THE PROGRAM**

**MedLink dates for 2010-2011\* (tentative): MedLink** **session** **at a glance:**

Saturday, November 6 One Saturday per month at the UCSF Parnassus campus

Saturday, December 4 10-10:30am Breakfast, Teambuilding

Saturday, January 8 10:30-12pm Health sciences session

Saturday, February 5 12-1pm Anatomy and pathology lab

Saturday, March 5 1-1:30pm Lunch with your UCSF medical student mentor

Saturday, April 2 1:30-2:30pm College preparation workshop

\* You are expected to attend all six sessions

**PERSONAL DATA**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Middle Last/Family Name Gender*

Permanent Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Number and Street*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

*City or Town State/Province Zip Code*

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Month / Date / Year*

**The following items are *optional*. No information you provide will be used in a discriminatory manner.**

Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State/Province Country*

First language, if other than English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic group with which you most identify, please **CHECK** all that apply

* African American, Black
* Native American
* Asian American

Country of family’s origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* White or Caucasian
* Hispanic, Latino

Country of family’s origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Education Some School High School Diploma/GED Some School High School Diploma/GED

*(please circle one)*

Some College 2 yr. College Some College 2 yr. College

4 yr. College Postgraduate 4 yr. College Postgraduate

Brother/Sister\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_ Brother/Sister\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Grade Level/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Education Some school High School Diploma/GED Some School High School Diploma/GED

*(please circle one)*

Currently in college Completed some college Currently in college Completed some college

Completed 2 yr. college Completed 4 yr. college Completed 2 yr. college Completed 4 yr. college

Postgraduate Postgraduate

Brother/Sister\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_ Brother/Sister\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Grade Level/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level/Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Education Some school High School Diploma/GED Some School High School Diploma/GED

*(please circle one)*

Currently in college Completed some college Currently in college Completed some college

Completed 2 yr. college Completed 4 yr. college Completed 2 yr. college Completed 4 yr. college

Postgraduate Postgraduate

Will you be the first in your family to go to college? *(please circle one)* Yes No

**How did you hear about MedLink?**

Please check all that apply.

* Your high school science teacher

Name of teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Your high school counselor

Name of counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* MedLink recruitment session at your high school
* An after-school enrichment program (ex. CollegeTrack)

Name of program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* A friend who participated in MedLink
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions**

Which of the following areas of healthcare are you most interested in learning more about?

Please **CIRCLE** all that apply.

*Medicine Nursing Pharmacy Dental Physical Therapy Other\_\_\_\_\_\_\_\_\_*

**Please answer each of the following questions. Please PRINT clearly.**

1. List your school activities. For each activity, provide your role and a brief description.
2. Please write about your interests and hobbies. You may write about any activity that you enjoy in your free time; examples might include music or sports. Help us understand how you spend your time!
3. What are your plans after high school?
4. What are some of your questions and/or concerns about college and the application process?
5. What are your current career goals?
6. Why are you interested in the **MedLink** program?
7. What do you hope to get out of participating in the **MedLink** program?
8. Will you be able to attend all six **MedLink** sessions?

**Application deadline: Friday, October 1st, 2010**

**Please e-mail your application to** [**MedlinkUCSF@gmail.com**](mailto:MedlinkUCSF@gmail.com) **with the subject line “MedLink Application, Last Name, First Name”**

**OR**

**Mail the application to:** MedLink c/o UCSF SOM Office of Student Affairs 513 Parnassus Ave, s-245 San Francisco, CA 94143

**For questions or concerns about the MedLink program, please e-mail us at:**

**MedlinkUCSF@gmail.com**

**For questions or concerns about your application, please contact:**

Daena Watcha Chris Benavente

Email: [Daena.Watcha@ucsf.edu](mailto:Daena.Watcha@ucsf.edu) Email: [Christopher.Benavente@ucsf.edu](mailto:Christopher.Benavente@ucsf.edu)