



**Early Introduction to Health Careers (EIH2)  
Application Instruction Sheet**

The Western Michigan University Homer Stryker M.D. School of Medicine is pleased to announce the second year of the Early Introduction to Health Careers program. **Tenth grade students** will have the opportunity to explore science through a health care lens, with hands-on instruction and activities facilitated by current medical students and faculty. The program will meet one Saturday a month beginning in October and concluding in June. Students that successfully complete the program will have the opportunity to participate in a two-week summer camp experience held jointly at Kalamazoo College and the WMU School of Medicine.

All students are required to participate in the program’s entirety. Failure to attend a session may lead to removal from the EIH2 program. Any emergencies that do arise, please speak with Dawn DeLuca as soon as possible. She can be reached at [dawn.deluca@med.wmich.edu](mailto:dawn.deluca@med.wmich.edu) or by calling (269)370-3948.

**SCHEDULE OF EVENTS:**

<b>Date/Time</b>	<b>Topic/System</b>	<b>Location</b>
Saturday, October 12, 2019	Cardio/Pulmonary	WMed (300 Portage Street, Downtown)
Saturday, November 16, 2019	Infectious Disease	WMed (300 Portage Street, Downtown)
Saturday, December 7, 2019	Diabetes	KVCC Culinary/Allied Health Building 418 E. Walnut St.
Saturday, January 18, 2020	Psychiatry	WMed (300 Portage Street, Downtown)
Saturday, February 22, 2020	Neurology/HEENT	WMed (300 Portage Street, Downtown)
Saturday, March 7, 2020	Musculoskeletal	WMed (300 Portage Street, Downtown)
Saturday, April 11, 2020	Pathology/CSI	WMed (300 Portage Street, Downtown)
Saturday, May 30, 2020	Gastroenterology/Sustainable Farming	KVCC Culinary/Allied Health Building 418 E. Walnut St.

**APPLICATION REQUIREMENTS:**

- ✓ Current sophomore enrolled in the Kalamazoo Public School district.
- ✓ Completed Application
- ✓ Completed Personal Statement
- ✓ Completed Recommendation Form
- ✓ Completed and signed Permission Form
- ✓ Completed Photo Release Form
- ✓ Completed KVCC Release forms

Completed application and supporting materials should be sent by email to [dawn.deluca@med.wmich.edu](mailto:dawn.deluca@med.wmich.edu) or mailed to the address below. **All materials must be received by September 30th. Students will be notified of their selection by October 6<sup>th</sup>.**

Dawn DeLuca, Health Career Pipeline Coordinator  
Western Michigan University Homer Stryker, M.D. School of Medicine  
1000 Oakland Drive  
Kalamazoo, MI 49008  
269.370.3948

# Early Introduction to Health Careers II 2019-20 Registration Form



**Today's Date:**

Information for this form is provided voluntarily. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of this program. We appreciate your cooperation in the completion of this form. <b>Please type or print clearly.</b>				
<b>PRINT CLEARLY AND COMPLETE ALL SECTIONS</b>	<b>Participant Type (select one)</b> <input type="checkbox"/> Student – Name of High School		<b>Is the Student interested in a Health Career?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If so, which career? _____	
<b>First and Last Name of Student</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Birthdate (mm/dd/yyyy)</b> / /
				<b>Age Today</b>
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
		<b>County (not U.S.)</b>		
<b>Primary Phone #</b>		<b>Email address</b>		
<b>Ethnicity (select one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		<b>Race (select one)</b> <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one Race Tribal Affiliation: _____
Did your parents attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you receive free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Parent/Guardian First and Last Name</b>				
<b>Parent/Guardian Address(if different from above)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
		<b>County (not U.S.)</b>		
<b>Parent/Guardian Primary Phone#</b>		<b>Parent/Guardian Permanent Email address</b>		
<b>Please list another person not in your household that will know how to contact the student in the future.</b>				
<b>Name</b>	<b>Phone Number</b>		<b>Email Address</b>	
<b>Student's High School Name</b>		<b>City</b>	<b>County (not U.S.)</b>	<b>State</b>
				<b>Zip Code</b>
<b>Current Grade</b>	<b>Study Focus (if any)</b>	<b>Anticipated Date of Graduation (mm/yy)</b>		<b>Counselor/Advisor Name</b>
<b>If the student is under 18 years of age a parent/guardian must give permission for the gathering and storing of this data on behalf of their student by signing on the line below.</b>				
_____				<b>Signature of Parent/Guardian</b>
Return completed form to: <a href="mailto:Dawn.DeLuca@med.wmich.edu">Dawn.DeLuca@med.wmich.edu</a> For further information call 269-370-3948				



## Early Introduction to Health Careers Program (EIH2) Recommendation Form

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

I give my permission for this reference to remain confidential between the Western Michigan University Homer Stryker, M.D. School of Medicine EIH2 program staff and the recommender.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDER:**

The student named above is applying to the Early Introduction to Health Careers program (EIH2). EIH2 provides Saturday science academies for high school students with interests in research, health and health related professions. The objective of this program is to provide an opportunity to students from socioeconomic and educationally disadvantaged backgrounds as well as students from communities underrepresented in medicine.

Recommender Name: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Attributes	Poor	Average	Above Average	Superior
Time on Task				
Self Confidence/Poise				
People Skills				
Attitude				
Academic Ability				
Leadership Skills				
	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>
Punctual				
Fulfills Commitments				
Shows Responsibility				
Shows Initiative				
Demonstrates Maturity				





## **Student Personal Statement**

As part of the application process, please submit a personal statement of 300-500 words describing why you would like to be a part of the Early Introduction to Health Careers program. Feel free to include information about your family, your experiences in school, and your goals for the future. Double-spaced typed documents are preferred, however, we will accept hand written statements as well.



## Early Introduction to Health Careers II

### Student Expectations

1. Arrive prepared and on time for every session.
  - Report any absence to Mrs. DeLuca prior to the event. Two unexcused absences will result in removal from the program. [Dawn.deluca@med.wmich.edu](mailto:Dawn.deluca@med.wmich.edu) (269)370-3948
2. Refrain from using cell phones during instructional time.
3. Be respectful of your fellow EI2 members, medical students, and faculty.
4. Actively participate in all activities and discussions.
5. Complete all required readings and assignments on time.
6. Have a positive attitude and an open mind.
7. Check your email and EI2 website regularly for up to date information and assigned readings and tasks. <https://med.wmich.edu/eihstudentcenter>

**Failure to adhere to these expectations could result in removal from the EI2 program.**

Please sign below stating you agree to adhere to the above expectations.

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*Student Signature*

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*Parent Signature*

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Printed Student Name

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Printed Parent Name



Early Introduction to Health Careers Summer Camp

***No Student can participate without this completed form.***

Name of Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

List Any Student Medical Conditions \_\_\_\_\_

List Any Allergies or Dietary Restrictions \_\_\_\_\_

Current Medications \_\_\_\_\_

Additional Comments \_\_\_\_\_

**Release Authorization:**

All information on this form is complete, true, and accurate to the best of my knowledge.

I hereby give my child \_\_\_\_\_ permission to attend and take part in all EIH2 activities. I will not hold the WMed or Kalamazoo College, or any of their personnel involved in the events, for any accident or injury that may occur as a result of my child's participation in this program. In case of any emergency, I give program personnel permission to arrange First Aid and/or to take my child to a hospital. I take full responsibility for any expenses incurred.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission to WMed and Kalamazoo College to use photographs taken at this program for publication purposes.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Early Introduction to Health Careers Summer Camp

**Safety** for everyone in the lab as well as care of laboratory equipment is very important. The following safety rules will be explained to the students, and will need to be followed at all times or the student will be dismissed. Please read through the following list of safety rules for all students with your student, then please sign and return this form acknowledging receipt of this information.

**Kalamazoo College Chemistry Laboratory Safety Rules**

I read and understand the Kalamazoo College Laboratory Safety guidelines and will abide by the following:

- a. Safety goggles/glasses and laboratory coats provided by Kalamazoo College **MUST BE WORN AT ALL TIMES** when in the laboratory.
- b. Pants (or long skirts) and closed toed shoes are required for admittance to the lab/stockroom. You will not be allowed into the lab if you show up dressed inappropriately! **Shorts, skirts shorter than mid-calf length, and open toed shoes are not proper lab attire.** Baggy/loose clothing, dangling jewelry, shoes made of woven material, high heels, sandals and flip-flops are not appropriate. Long hair and loose clothing must be confined or tied back.
- c. Food, drink and gum products are not allowed in the laboratory at any time.
- d. Keep your lab space clean and organized. Develop efficient work practices through cleanliness and tidiness.
- e. NEVER REMOVE CHEMICALS FROM THE LAB UNLESS INSTRUCTED TO DO SO.
- f. Follow the specified procedures for each experiment and follow the directions of your instructors/supervisor. Ask questions of your instructor when clarification is needed.
- g. Dispose of broken glassware and used disposable glass pipettes and capillary tubes in BROKEN GLASS CONTAINERS. Never put broken glass in the trash.

I agree to follow the safety rules \_\_\_\_\_.  
Student's Signature

I have discussed the Science Lab Safety Rules with my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



**Kalamazoo Valley Community College**  
**Release Form**  
**(Photographic, Video, Electronic, Models)**

I release the use of my image in its entirety, or any portion thereof, to Kalamazoo Valley Community College. Possible uses may include, but are not limited to exhibition, reprinting and publication for promotional and advertising purposes, educational training and assessment, or other institutional purposes.

I waive any rights that I may have to inspect or approve the finished product or products or printed matter that may be used in conjunction with my image and the uses to which it may be applied.

I confirm that I am of full and legal age and owner or authorized official of the subject represented in the image and have complete right, title and interest to give. I also state that I have read the above authorization, release and agreement, prior to its execution and agree with it fully.

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Printed Name

Date

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Address (Street, City, State, Zip)

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Phone Number

Age (if under 18, requires parent/guardian signature)

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Early Introduction to Health Careers II Student

Relationship to Institution (Student/Course, Employee, Visitor/Location, Other-Describe)

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Signature

**Kalamazoo Valley Community College  
Class Participation Waiver**

I acknowledge that participation in Early Introduction to Health Careers II (December 7, 2019 and May 30, 2020) carries with it the potential for, but not limited to, bodily injury. The risks include, but are not limited to, those caused by actions of other people, and actions of myself. I hereby assume all the risks of participating in Early Introduction to Health Careers II (December 7, 2019 and May 30,2020).

In consideration of Kalamazoo Valley Community College (hereafter KVCC) employees, and/or independent contractors providing a service for KVCC, teaching Early Introduction to Health Careers II (December 7, 2019 and May 30, 2020) for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me against KVCC, its elected and appointed officials, employees, students, volunteers, and any other person working on behalf of KVCC; and
  
2. Defend, indemnify and hold harmless KVCC, its elected and appointed officials, employees, students, volunteers, and any other person working on behalf of KVCC from any and all liabilities or claims made by other individual or entities as a result of or relating to my participation in Early Introduction to Health Careers II (December 7, 2019 and May 30, 2020).

I hereby certify that I am of legal age and have read this document and understand and agree to its terms and content.

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

Printed name: \_\_\_\_\_



## Parental Permission to Release Student Data

We would like your permission to use data we collect from your child to evaluate the effectiveness of the Early Introduction to Health Careers II program at the Western Michigan University Homer Stryker, M.D. School of Medicine. We are collecting this data to measure program effectiveness, and to track your student's academic progress and career interests throughout high school and college.

This form tells you about the data we are requesting to be shared. You can decide if you want your child's data to be used. **It is up to you.** Your child can still participate in Early Introduction to Health Careers II (EIH2), even if you don't want us to use his/her information to evaluate the effectiveness of the program. Your permission to use the data lets us improve our program for your child and for future students.

- If you **do** want your child's data to be provided, then you **should** sign this form.
- If you **do not** wish to release your child's data, then you **should not** sign the form.

### What information will be used?

We will be collecting non-identifying demographic information and survey data to measure students' self-efficacy, academic motivation and knowledge of health careers. We are also requesting permission to continue to survey the students who complete the program throughout their high school and college years to determine if participation in EIH2 influenced academic progress, intrinsic motivation and career choice. In addition, we will be sharing and tracking student information with The Kalamazoo Promise in an effort to see if the EIH2 interventions impact post-secondary college/program enrollment and completion.

Federal law (*FERPA*) requires us to keep educational information about your child private. We will only use the educational data for the purposes explained in this document. We will not save any individually identifiable educational data for your child.

If you have any questions regarding program evaluation, please call or email Dawn DeLuca at (269)370-3948 or [dawn.deluca@med.wmich.edu](mailto:dawn.deluca@med.wmich.edu)

### Consent to Release my Child's Educational Records

**I consent to my child's non-identifying information and survey responses to be used in both program evaluation and/or academic research. I also consent to my student being surveyed in the years following participation in EIH2 to track long term impact of the program.**

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Printed Name of Child

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Printed Name of Parent/Guardian

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Parent/Guardian Signature