



## 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 and eleven 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 in-person one Saturday a month starting from 9:00 a.m. to 12:00 p.m. 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 may lead to removal from the EIH2 program. Any emergencies that do arise, please speak with Candace Moore as soon as possible. She can be reached at [candace.moore@med.wmich.edu](mailto:candace.moore@med.wmich.edu) or by calling 269.337.4538

### **SCHEDULE OF EVENTS:**

- Saturday, October 2, 2021 9:00am-12:00pm
- Saturday, November 13, 2021 9:00am-12:00pm
- Saturday, December 4, 2021 9:00am-12:00pm
- Saturday, January 8, 2022 9:00am-12:00pm
- Saturday, February 12, 2022 9:00am-12:00pm
- Saturday, March 5, 2022 9:00am-12:00pm
- Saturday, April 2, 2022 9:00am-12:00pm
- Saturday, May 21, 2022 9:00am – 12:00pm

*All events listed will be in-person*

### **APPLICATION REQUIREMENTS:**

- ✓ Current sophomore or junior 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 application and supporting materials should be sent by email to [candace.moore@med.wmich.edu](mailto:candace.moore@med.wmich.edu)

**All materials must be received by October 1.** Students who submit all materials by deadline will be invited to the first session the following day. **Students will be notified of their selection by October 5.**

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Coordinator Health Careers Pathway and Diversity Programs  
Health Equity and Community Affairs and Diversity Inclusion  
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Early Introduction to Health Careers  
2021 - 2022 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	
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:Candace.Moore@med.wmich.edu">Candace.Moore@med.wmich.edu</a> For further information call: 269.337.4538				



## **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 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				





Early Introduction to Health Careers

2021-2022

***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:**

I hereby give my child permission to attend and take part in all EI2 activities. I will not hold the WMed or their personnel responsible in the event of an accident or injury as a result of his/her participation. 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. I give permission to WMed to use photographs taken at this program for publication purposes. All information on this form is complete, true, and accurate to the best of my knowledge.

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

Early Introduction to Health Careers Summer Camp

Safety in the lab is very important. The following safety rules need to be followed or the student will be asked to leave. Please read the following list of safety rules for all students, then sign and return this form.

**Kalamazoo College Chemistry Laboratory Safety Rules**

1. Safety goggles/glasses and laboratory coats provided by Kalamazoo College **MUST BE WORN AT ALL TIMES** when in the laboratory.
2. 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.
3. Food, drink and gum products are not allowed in the laboratory at any time.
4. Keep your lab space clean and organized. Develop efficient work practices through cleanliness and tidiness.
5. NEVER REMOVE CHEMICALS FROM THE LAB UNLESS INSTRUCTED TO DO SO.
6. Follow the specified procedures for each experiment and follow the directions of your instructor/supervisor. Ask questions of your instructor when clarification is needed.
7. 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



## PHOTO/VIDEO RELEASE

Name of Participant \_\_\_\_\_ ("Releasee")

By executing below, permission is hereby granted to Western Michigan University Homer Stryker M.D. School of Medicine ("WMed"), all entities affiliated or associated with WMed and, at WMed's sole but reasonable discretion, entities that contract with WMed to do the following:

Record, edit, use, reproduce, publish and distribute by way of photograph, video, television and all other media (electronic or otherwise) the visual and/or audio likeness of Releasee. WMed and all entities affiliated or associated with WMed are further granted permission to use such likeness for news, educational, marketing, advertising, fundraising or other reasonable purposes.

By executing this Release, it is agreed that WMed and all entities affiliated or associated with WMed will be held harmless from any liability resulting from the statements and actions captured as set forth above, and are hereby released from any claims relating to the rights granted above.

I understand that this Release is entered into on behalf of the Releasee and each of Releasee's heirs, agents, successors and assigns. I further understand that Releasee will not receive any compensation for this release; however, this Release is a condition of and a part of the consideration for my participation in the associated program. I further understand that although this Release is granted, WMed is under no obligation whatsoever to use my audio or video likeness.

I represent that I am 18 years of age or older, or the parent or legal guardian for the Releasee, have read and understand the content of this release, and agree to the terms hereto.

Executed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Name (printed): \_\_\_\_\_

Releasee's address: \_\_\_\_\_

Name of WMed representative: \_\_\_\_\_