

HEALTH-CAREERS EXPLORATION SUMMER INSTITUTE (HESI) 2020

Dates of HESI: June 9 – June 26, 2020

STUDENT APPLICATION FORM

Instructions: Application must be typed. Please e-mail completed application to Ellese Mello at emello@husdschools by **March 14, 2020**.

****Required fields***

Date:			
*First Name:		*Last Name:	
*High School Name:		*Current Grade Level:	
*Fall 2018 Semester GPA:		*Current GPA:	
<i>If you do not have at least a 2.5 GPA for both semesters, do not proceed with completing this application.</i>			
Date of Birth: (M/D/Y)		Current Age:	
*Address: _____ State: _____ Zip: _____		*E-mail address:	
*Home Phone #:		*Cell Phone #:	
*Adult(s) with whom you reside: ____ Parent(s) ____ Guardian(s) ____ Self-emancipated ____ Other-Specify relationship:			
*Names of adult(s) with whom you reside: Adult #1: First Name: _____ Last Name: _____			
Adult #2: First Name: _____ Last Name: _____			
*Area of medicine that is of interest to you?			

Questions may be directed to:

Ellese Mello, HWI Pathway Coordinator
(530) 521-2472 or emello@husdschools.org
Trudy Old, HWI DSN Far North
(530) 879-9049 or oldtr@butte.edu

WHICH HEALTH PATHWAY COURSES HAVE YOU TAKEN? (Check all that apply)				
COURSE	TEACHER and SCHOOL	CURRENTLY ENROLLED	PREVIOUSLY TAKEN	HAVE NOT TAKEN
BIOLOGY				
CHEMISTRY				
ANATOMY/PHYSIOLOGY				
OTHER HEALTH PATHWAY CLASS				
OTHER HEALTH PATHWAY CLASS				
Do you have a driver's license and a vehicle?		_____ Yes _____ No		
TRANSPORTATION PLAN #1: How do you plan to get <u>to and from the summer institute</u> every day?				
TRANSPORTATION PLAN #2: In case Plan 1 fails, what is your backup transportation plan?				
<p>*On a separate page, provide a one-page or less (double-spaced) essay discussing your <u>motivation for participating</u> in the Health-Careers Exploration Summer Institute (HESI). You may continue on to a new page if needed. <u>Proper grammar and spelling</u> will affect your final score. Provide a lot of detail and be sure to double-check your work for errors.</p>				

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