

DEADLINE: November 13, 2015

(Late applications will be reviewed on space available basis)

Questions? Please call:

Doctors Academy: (559) 241-7670

University of California, San Francisco
Fresno Latino Center for Medical Education and Research (LaCMER)

DOCTORS ACADEMY
CARUTHERS, SELMA AND SUNNYSIDE HIGH SCHOOLS

Admission Application 2016-2017

Or apply on-line at

<http://www.fresno.ucsf.edu/latinocenter/>

Key Partners:

- University of California, San Francisco School of Medicine • University of California, San Francisco Medical Education Program, Fresno • University of California, San Francisco School of Pharmacy • University of California, San Francisco School of Dentistry • California State University, Fresno • University of California, Merced • Fresno County Office of Education • Caruthers Unified School District • Fresno Unified School District • Selma Unified School District • Community College State Center District • Community Regional Medical Centers •

Funded in part by,

- University of California, San Francisco, School of Medicine •
- Caruthers Unified School District • Fresno Unified School District • Selma Unified School District •
- The California Endowment • The California Wellness Foundation • The Fresno Regional Foundation •



DOCTORS ACADEMY

The mission of the Doctors Academy is:

1. To increase the number of students who graduate from high school and go on to a university to become competitive applicants to health profession schools.
2. To strengthen the educational pipeline of under-represented or disadvantaged students throughout Fresno County and encourage them to enter a health profession.

Program Eligibility:

Under the auspices of the University of California, San Francisco, Fresno Latino Center for Medical Education and Research, the Doctors Academy is a health professions preparatory high school program. Applicants who are educationally **OR** economically disadvantaged, and who express an interest in a health professional career are eligible to apply to the Doctors Academy. Participants of the Doctors Academy must be United States citizens, non-citizen nationals, or foreign nationals who possess a VISA permitting permanent residence in the United States.

___ Educationally Disadvantaged: For the purpose of program eligibility, an applicant is considered educationally disadvantaged if he or she is the first in the immediate family to obtain a BA/BS degree or higher. [*Applicants who have at least one parent/guardian with a BA/BS degree or higher are considered **ineligible** for the Doctors Academy.*]

- OR -

___ Economically Disadvantaged: For the purpose of program eligibility, an applicant is considered economically disadvantaged if he or she was eligible for the Free and Reduced Lunch Program (Title I services) and/or whose middle school is considered a Title I school during the 8th grade year. [*Applicants who did not qualify for Title I services due the parent/guardian income level are considered **ineligible** to apply for the Doctors Academy program.*]

IF YOU ARE ELIGIBLE, PLEASE CONTINUE WITH THE APPLICATION PROCESS

Selection criteria is based on:

- **GPA of 2.8 or better**
- Two Recommendation Forms
- Health Disparity Essay
- Personal Statement Essay
- Personal Interview (for finalist only)
- A writing sample may be required for finalists

Expectations of Doctors Academy students:

1. Enroll in the most rigorous, accelerated classes with an emphasis on math, science, and English. (Honors & Advanced Placement)
2. Commit to the Doctors Academy five-year study plan
3. Maintain a 2.8 academic grade point average (GPA)
4. Participate in summer enrichment and summer school programs
5. Participate in study academies, study trips, and other activities
6. Students accepted into the Doctors Academy will be responsible for their own transportation.
 - a. **Students from county schools accepted into the Sunnyside High School Doctors Academy:** Depending upon funding, there is a possibility that transportation may be provided. Please contact Sunnyside High School, Stanford Office at 253-6740 for more information.
7. Students who are dropped or choose to withdraw from the Doctors Academy will return to their home high school if it is other than the Doctors Academy site.

STUDENT INFORMATION

APPLICATION TO:

Caruthers High School Selma High School Sunnyside High School

Academic Enrollment Year 2016-2017

Entering Grade Level: _____

Student ID#: _____ Name: _____ Male Female

Date of Birth (mo/day/year): _____ Social Security #: (only list the last four digits) _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Middle School: _____ Are you in the Junior Doctors Academy: Yes / No

Home High School for 2016-2017: _____

- Indicate the health or medical profession you are most interested in: _____

Student Signature _____ Date _____

PRIMARY PARENT(S)/GUARDIAN(S) INFORMATION

Father's/Guardian Name: _____ Work phone #: _____ Cell #: _____

Mother's/Guardian Name: _____ Work phone #: _____ Cell #: _____

Legal Parent/ Guardian Address: _____ City: _____ Zip Code: _____

Email address: _____

Child's Ethnicity (for statistical purposes only):

<input type="checkbox"/> African-American	<input type="checkbox"/> Native American Indian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Latino		
<input type="checkbox"/> Asian:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong
	<input type="checkbox"/> Laotian	<input type="checkbox"/> Thailand	<input type="checkbox"/> Philippine Islands	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Indian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other (Please specify)				

- Language most frequently spoken at home: _____
- Preferred language for written materials: _____
- Did your child qualify to receive reduced or free lunch during the 2015-2016 School Year? Yes No

Highest level of education completed by:

Mother/Guardian

Did not finish high school High school graduate
 Some college AA/AS Degree
 BA/BS Degree Master's Degree
 Doctorate Degree

Father/Guardian

Did not finish high school High school graduate
 Some college AA/AS Degree
 BA/BS Degree Master's Degree
 Doctorate Degree

Legal Parent/Guardian Signature _____ Date _____

Students: Two Essays are required for the Doctors Academy application

These must be in your own words.

(Please pay attention to format, grammar, punctuality, and proper citations. Plagiarism will result in an automatic disqualification of an application.)

PERSONAL STATEMENT ESSAY

Essay 1. Please provide a 1-2 page essay addressing the following:

- **Why you** have chosen to apply to the Doctors Academy.
- **How you** have prepared yourself academically for high school.
- **Tell us** about your talents, experiences, personal qualities and the contributions you would bring to the Doctors Academy.

HEALTH DISPARITY ESSAY

Essay 2. On a separate sheet type or print legibly in ink a minimum of two paragraphs that describe the following:

- 1) In your own words, please define health disparity
- 2) Provide an example of at least one health disparity within your community

(PLEASE BE SURE TO USE CITATIONS WHERE NECESSARY)

Student's ID: _____

Name: _____

(Please Print)

Due by: November 13, 2015

DOCTORS ACADEMY

RECOMMENDATION FORM

(Must be completed by Math, Science or English Teacher)

To Evaluator: The letter of recommendation is a valued component of the admission process. Please provide your evaluation of the candidate's abilities. **To the applicant and evaluator:** It is understood that this letter of recommendation will be maintained in confidence by UCSF Fresno Latino Center for Medical Education and Research and will be used as one factor in considering admission to the Doctors Academy. In accordance with the Family Education Rights and Privacy Act of 1977, and the related policies and regulations, it is also understood that upon request, this letter will be made available to the applicant for examination.

	Rank student according to scale (1=lowest ; 5=highest)				
Communication Skills	1	2	3	4	5
Motivation and effort	1	2	3	4	5
Ability to interact well with others	1	2	3	4	5
Imagination and creativity	1	2	3	4	5
Citizenship	1	2	3	4	5

_____ **I do recommend this student.**

_____ **I do not recommend this student.**

_____ **I do recommend this student with reservation**

Please list any reservations if student is ranked **3 or below** in any category above. List possible support for student.

Evaluator's Name: _____

(Please Print)

Title/Position: _____ Phone Number: _____

School: _____

Signature: _____ Date: _____

*Please place this recommendation form in a sealed envelope and give to the applicant to submit with his or her application; or, fax to 241-6585, e-mail to aallison@fresno.ucsf.edu, or mail to 550 E. Shaw Ave., Ste, 210, Fresno 93710
Questions? Please contact: Doctors Academy Office @ 241-7684*

Student's ID: _____

Name: _____

(Please Print)

Due by: November 13, 2015

DOCTORS ACADEMY

RECOMMENDATION FORM

(Must be completed by Math, Science or English Teacher)

To Evaluator: The letter of recommendation is a valued component of the admission process. Please provide your evaluation of the candidate's abilities. **To the applicant and evaluator:** It is understood that this letter of recommendation will be maintained in confidence by UCSF Fresno Latino Center for Medical Education and Research and will be used as one factor in considering admission to the Doctors Academy. In accordance with the Family Education Rights and Privacy Act of 1977, and the related policies and regulations, it is also understood that upon request, this letter will be made available to the applicant for examination.

	Rank student according to scale (1=lowest ; 5=highest)				
Communication Skills	1	2	3	4	5
Motivation and effort	1	2	3	4	5
Ability to interact well with others	1	2	3	4	5
Imagination and creativity	1	2	3	4	5
Citizenship	1	2	3	4	5

_____ **I do recommend this student.**

_____ **I do not recommend this student.**

_____ **I do recommend this student with reservation**

Please list any reservations if student is ranked **3 or below** in any category above. List possible support for student.

Evaluator's Name: _____

(Please Print)

Title/Position: _____ Phone Number: _____

School: _____

Signature: _____ Date: _____

Please place this recommendation form in a sealed envelope and give to the applicant to submit with his or her application; or, fax to 241-6585, e-mail to aallison@fresno.ucsf.edu, or mail to 550 E. Shaw Ave., Ste, 210, Fresno 93710
Questions? Please contact: Doctors Academy Office @ 241-7684

DOCTORS ACADEMY APPLICATION PROCESS

DOCTORS ACADEMY APPLICANT CHECK LIST:

Complete and review that your application is typed or printed legibly in ink, and includes the following items:

- Student and Parent Information Sheet (include parent and student signatures)
- Student Social Security number (last 4 digits)
- Personal Statement & Health Disparity Essays
- 7th grade 2nd semester transcripts & 8th grade 1st quarter report card
- Two Recommendation Forms

MAILING INFORMATION:

MAIL COMPLETE APPLICATION BY NOVEMBER 13, 2015

Only complete applications will be considered. Be sure all items are provided above to ensure application is complete.

Complete application may be delivered to the UCSF Fresno LaCMER office
or one of the DA program sites:

UCSF Fresno LaCMER 550 E. Shaw Ave., Ste. 210 Fresno 93721	Caruthers High School Doctors Academy Office 2580 West Tahoe Caruthers 93609	Selma High School Doctors Academy Office 3125 Wright Street Selma 93662	Sunnyside High School Doctors Academy Office 1019 S. Peach Ave. Fresno 93721
--	---	--	---

IMPORTANT TIMELINES:

January 2016 - Interviews for finalists ♦ February 2016 – Acceptances issued

Program Administrators:

Caruthers High School

Mark Fowler, Principal

(559) 495-6416

mfowler@caruthers.k12.ca.us

Alicia Hardcastle, DA Counselor

(559) 495-6416

ahardcastle@caruthers.k12.ca.us

Selma High School

Mark Babiarz, Principal

(559) 898-6550

mbabiarz@selma.k12.ca.us

Deborah Richardson, Learning Director

(559) 898-6550

drichardson@selma.k12.ca.us

Sunnyside High School

Angelica Reynosa, Vice Principal

(559) 253-6730

angelica.reynosa@fresnounified.org

Andrea Santillan, DA Counselor

(559) 253-6728

andrea.santillan@fresnounified.org

Shelley Kiritani, DA Counselor

(559) 253-6729

shelley.kiritani@fresnounified.org

UCSF Fresno Latino Center for Medical Education and Research

Katherine A. Flores, MD, Director

(559) 241-7670

kflores@fresno.ucsf.edu

Bertha A. Dominguez, Education Director

(559) 241-7677

bdominguez@fresno.ucsf.edu

Diana Cantu, DA Coordinator

(559) 241-7670

dcantu@fresno.ucsf.edu

Francisco Borboa, DA Coordinator

(559) 241-7670

fborboa@fresno.ucsf.edu