

MedQuest

To Whom It May Concern:

Plans for MedQuest 2010, our Health Careers Exploration Week, are well under way. MedQuest will be held June 14 through 18, 2010 on the Eastern Oregon University campus in La Grande. Our target audience is students completing the 9th, 10th, 11th and 12th grades. Tuition for camp is \$320 which includes meals, housing and all activities. Eastern Oregon University will again be a partner and will offer two (2) Health and Wellness Studies credits to interested MedQuest participants through EOU.

Sessions will include health career information, self enrichment, hands-on clinical skills workshops as well as opportunities to shadow health professionals. Students are asked to indicate their health career interests on the application form and provide two completed reference forms (enclosed). If you are aware of students who might be interested in attending MedQuest Week, please encourage them to complete and submit an application. MedQuest is limited to only 34 participants.

One full, and two partial scholarships are available for those who may need financial assistance. Please have students check the financial aid box on the application form if they would like to be considered for a scholarship, and have them complete the enclosed scholarship application. Students are likely to be most successful in obtaining scholarships in their local communities (i.e. schools, local hospitals, clinics, Rotary, Lions, Elks, other civic organizations, etc.).

Enclosed please find the complete MedQuest application packet. Feel free to duplicate these as needed or contact us for additional copies. Any publicity that you could provide would be greatly appreciated. If you have additional questions, I can be reached at (541) 962-3801 or bhines@eou.edu.

Sincerely,



Brenna Dunlap
Education Coordinator
Northeast Oregon AHEC

Enclosures

- MedQuest Application
- Scholarship Application
- Two reference forms
- MedQuest Information Sheet



APPLICATION

(Please type or clearly print the following information)

Personal Information

Name _____

_____ Last First Middle Initial Preferred Name

Mailing Address _____
Street City/State Zip Code

Phone (____) _____ Birthdate (mm/dd/yy) _____ Present Age _____

Email Address _____ Gender: ' Male ' Female

Parents Email Address _____

Ethnic Origin (*this information is optional*):

' African-American ' Caucasian ' Hispanic ' Asian ' American Indian

' Other _____

Please indicate any special needs that you may have so that we can help you to make MedQuest the most enjoyable experience possible _____

Shirt Size: ' Small ' Medium ' Large ' X-Large (Shirt size is not guaranteed)

Are you a Vegetarian? ' Yes ' No

Educational Information

Name of school presently attending _____

City _____ Grade in school as of Jan. 1, 2010 _____

GPA _____ (min. 3.0 GPA for acceptance to MedQuest)

How do you plan to pursue your education after high school?

When you were in elementary school, did you attend a Health Career Day event? If so, at which elementary school?

Did you ever attend Girls in Science at EOU? ' Yes ' No

What started your interest in Health Careers?

Biographical Information (attach additional page if necessary)

Note: Answers to questions 1 through 4 on this application may be shared with others attending camp and for advertising purposes.

1) What area(s) of health care interest you? Please explain.

2) What specific experiences would you like to gain from the presentations and job shadows at MedQuest? Please explain why these experiences would be valuable to you. (example: blood typing, viewing procedures, school requirements)

3) Are you currently enrolled in a health occupation class which includes shadowing experiences?
a) If so, please explain:

b) If your high school doesn't offer a health occupations class, what are some ways that you learn about health occupations in your high school, community, etc.?

4) Is there any other information about yourself or your future plans that you would like to share?

5) Within the last two years have you participated in any of the following activities?

—

Job Shadow & Tour Choices

Please rank your top four choices (1, 2, 3, 4) for shadowing experiences at MedQuest:

(We can't guarantee that you will have all the shadowing experiences that you request)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Dentist/Dental Hygiene | <input type="checkbox"/> Nursing | <input type="checkbox"/> Veterinary | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Radiology Technician | <input type="checkbox"/> Medical Laboratory | <input type="checkbox"/> Public Health | <input type="checkbox"/> Naturopathic Medicine |
| <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> EMT/Firefighter | |
| <input type="checkbox"/> Podiatry | <input type="checkbox"/> Optometry | <input type="checkbox"/> Research | |

Please rank your top three choices (1,2,3) of the following tours.

(You will be attending only one of these because they will be happening at the same time.)

- Wildflower Lodge** (A walk through an assisted living facility.)
- Pacific Sleep Medicine** (A walk thorough a sleep study center.)
- Animal Health Center** (A walk through a veterinary clinic. An ultra sound or surgery is usually Scheduled for this tour.)

- Loveland Funeral Chapel** (A walk through a funeral chapel.)
- Apple Eye Care** (A walk through an optometry clinic.)
- Comfort Dental Labs** (A walk through a dental lab.)
- Massage School** (A walk through a massage school.)

Other Information

Do you intend to register for EOU credits for MedQuest Week? ' Yes ' No

A limited amount of financial assistance is available. Would you like to be considered for financial assistance?

' Yes ' No *If you mark "yes" you must complete the enclosed Scholarship Application to be considered.*

I certify that the information given in this application is true and correct.

Signature of Applicant _____ Date _____

*Signature of Parent/Guardian _____ Date _____

Your application must be received by April 30, 2010 and must include:

- Completed Application
- Completed Scholarship Application (if you marked 'yes' in the financial assistance section)
- \$50 Deposit (balance of \$270 due by June 1, 2010)

gg Remind your references to mail their reference directly to NEOAHEC gg

- Refund Policy:
- Cancellations made on or before 5 p.m. May 14 will receive a full refund.
 - Cancellations made **after** May 14 will be less a \$50 administration fee.

Please send requested materials to: Northeast Oregon AHEC
EOU, One University Blvd.
La Grande, OR 97850
(541) 962-3801 fax: (541) 962-3416

CONFIDENTIAL REFERENCE INFORMATION FORM

(To be completed by at least one teacher and one of the following: health professional, school counselor, community leader, minister or priest.)

Applicant's Name _____

This student is applying for support to attend "MedQuest" Health Careers Exploration Week in June 2010. Please assess his/her suitability as a participant in this five-day experience. We are interested in selecting students who:

- i Have shown an interest in health careers
- i Would benefit from exposure to a health career setting
- i Have demonstrated past academic achievement, or whom you feel are capable of achievement but grades do not presently reflect this
- i Have social skills that will allow him/her to act in a respectful and professional manner

Please evaluate the applicant in the following areas:

	Highest			Lowest	
LEADERSHIP SKILLS (problem solving, ability to see choices, etc.)	5	4	3	2	1
MOTIVATION (self-starter)	5	4	3	2	1
VERBAL SKILLS and EXPRESSION (communication skills)	5	4	3	2	1
INTERPERSONAL CONTACT (ability to get along with others)	5	4	3	2	1
SINCERITY (genuine interest in health careers)	5	4	3	2	1
MATURITY (stable, responsible, handles situations well, respectful of instructors)	5	4	3	2	1

Applicant's strengths (continue on back if more space is needed):

Applicant's weaknesses (continue on back if more space is needed):

Do you feel this student is at a maturity level that will allow him/her to listen respectfully to health professionals in a professional setting, and be considerate of their time commitments? ' Yes ' No

SUMMARY COMMENTS: Please explain your overall impression of student and additional pertinent comments (use back of this page if necessary).

Evaluator's Name _____ Signature _____

Occupation _____ Date _____ Daytime Phone Number (____) _____

A limited amount of financial assistance is available. Do you feel this applicant has a significant need? ' Yes ' No
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La Grande, OR 97850(541) 962-3801 fax: (541) 962-3416

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Northeast Oregon AHEC Scholarship Application

Please clearly print or type the following information:

Name: _____
Last First Middle Initial

County of Residence: _____

I understand that a \$50.00 non-refundable deposit must be received by NEOAHEC on or before April 30, 2010. The balance of \$270.00 is due on or before June 1, 2010. Because of the hardship this payment would place on my family, I wish to apply for a scholarship.

Please answer the following questions in the space provided:

1) How much do you feel you can contribute towards the tuition of MedQuest?

2) If you are not awarded a scholarship would you be able attend MedQuest? Why or why not?

3) Using the back of this page, please write the scholarship selection committee a brief letter explaining why you feel you need, and should be chosen for a scholarship.

Are you eligible for free or reduced lunch? ' Yes ' No

I certify that I understand the above questions and the information given in the MedQuest Scholarship Application is true and correct.

Signature of applicant: _____ Date: _____

