

Indigenous Summer

Enhancement Program

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**All 2019 Indigenous Summer Enhancement Program (ISEP) application packets must include:**

Completed and signed application form, including two essay questions.

One complete Recommendation Form (included in this packet). The form must be sealed in a separate envelope with the evaluator’s signature across the enclosure flap.

Parental/Guardian Acknowledgment Form

\*\*Please note, that it is the responsibility of the student to make sure that **ALL** application documents are complete and submitted by the deadline date and time.\*\*

## Please return the complete application packet to:

## Dine College

## c/o ISEP

## PO Box 580

## Shiprock, NM 87420

Any questions regarding the ISEP summer program and/or the application process, may be directed to:

#### Heather Dreifuss, ISEP Program Coordinator [Hdreifuss@dinecollege.edu](mailto:Hdreifuss@dinecollege.edu) (503) 502-0776 or

#### Andrea Ashkie, ISEP Program Assistant

#### [Andrea.Ashkie@nau.edu](mailto:Andrea.Ashkie@nau.edu)

I fully commit to participate in all scheduled activities of the ISEP Summer Program:

Parent & Student Orientation, Required once applicants are selected - TBA

Attend full program, June 2nd –June 7th, 2019 (1 week in Tsaile, AZ)

Full participation is encouraged & mandatory so participants get the most benefits out of the ISEP Summer Program.

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# Indigenous Summer Enhancement Program in Public Health and Health Research 2019

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*Diné College*

APPLICATION

#### Please submit your completed application by

***April 26th @ 12:00am MIDNIGHT (MDT)***

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| **Applicant Information** | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | Date: | | |  |
|  | *Last* |  | *First* |  |  | *M.I.* | |  |  |  |  |  |
| Address: |  | | | | | | | | | | | |
|  |  | | | | | | |  | | |  | |
| *City* | | | | | | | | *State* | | | *ZIP Code* | |
| Phone: | **(** |  | **)** |  | E-mail Address: | | |  | | | | |
| Alternate Phone: | **(** |  | **)** |  | Birth date: | | | **/ /** | | | | |
|  | | | | | | | | | | | | |
| Parent/Guardian Name: | | |  | Phone: | | | **(** | **)** |  |  |  |  |
|  | | | | | | | | | | | | |
| Person to contact in case of emergency: | | |  | Phone: | | | **(** | **)** |  |  |  |  |
| Relationship: | | |  |  | | |  | | | | | |
| **Education** | | | | | | | | | | | | |
| **Current Year in School:**  (Circle one) 9th 10th 11th Cumulative GPA: | | | | | | | | | | | | |
| Name of School Attending: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Phone: ( | ) |  |  |  |  |  |  |  |  |  |  |  |
| **Other Secondary Institutions Attended:** | | | | | | | | | | | | |
| Name of School: | |  | | | | | | | | | | |
| Location: |  | | | | | | | | | | | |
| Dates Attended: | |  | | | | Degree/Credit Hours Earned: | | | |  | | |
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|  | **Past Program Participation** | | | | | |  |
| **Have you attended any summer programs?** Yes No If Yes, please complete section below: | | | | | |  |
| Name of Program: |  | | | Location: |  |  |
| Dates Attended: |  | | | Contact Person: |  |  |
|  | | | | | |  |
| Name of Program: |  | | | Location: |  |  |
| Dates Attended: |  | | | Contact Person: |  |  |
|  | | | | | |  |
| **Health Profession Interest** | | | | | |  |
| Do you plan on attending a university, college, vocational /occupational program after High School? Yes No | | | | | |  |
| If yes, where do you plan on attending: | | |  | | |  |
| What do you plan to major in: | |  | | | |  |
| If no, please explain: | |  | | | |  |
| Please number your **top 3** health profession choices from the options below (#1 being first choice): | | | | | |  |
| Medical Doctor Pharmacist Nursing Public Health Dentist Dental Hygienist CHR | | | | | |  |
| Physical Therapist Physical Therapy Assistant Physician Assistant Radiology Laboratory/Pathology | | | | | |  |
| Nurse Practitioner Optometry Paramedic/EMT Other (Please specify): | | | | | |  |
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# Indigenous Summer Enhancement Program in Public Health and Health Research 2019 Diné College

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**TO THE PROGRAM APPLICANT:** If possible, please **type** your responses to the questions below. Complete your responses to the best of your ability.

|  |  |  |
| --- | --- | --- |
|  | Please describe what you hope to gain by participating in the Indigenous Summer Enhancement Program and how you will apply the skills towards your future goals. |  |
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| Please describe a health issue/problem you feel needs more attention in your community and why. |
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# Indigenous Summer Enhancement Program in Public Health and Health Research 2019 Diné College

## RECOMMENDATION

## (Filled out by a teacher, coach or someone who can speak to your strengths)

Students Name: *(Last, First, MI)*

Student’s School:

This student has asked you to provide an assessment of his/her suitability as a participant in the 2019 Indigenous Summer Enhancement Program. We are interested in selecting students who have:

* Previously demonstrated an interest in health careers (or could benefit from learning about such options);
* Demonstrated past academic achievement, or whom you feel are capable of handling a college curriculum in the future (but whose grades may not presently reflect this).

**Please return this recommendation form to THE STUDENT in a sealed envelope with your name signed across the flap.**

All application materials are due by **April 26th , 2019 12:00 a.m. (MIDNIGHT) (MDT)**

Thank you for taking the time to provide this important evaluation.

Performs Requires

How do you rate the Accomplished Does well in adequately reinforcement Not Applicant? 1 to 5 in this area this area in this area in this area observed 5 being the best student

you have had.

Intellectual & Reasoning Ability Academic Performance Maturity

Initiative Responsibility Attention to Detail

Oral Communication Skills Written Communication Skills Motivation and Effort Cooperation & Teamwork Computer Skills

Research interests

**OVERALL RECOMMENDATION:** This applicant receives



my highest recommendation without reservation

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I recommend this applicant with confidence.

I recommend this applicant.

I would not recommend this applicant for admission

Student’s **strengths** as you see them:

Student’s **weaknesses** as you see them (areas that you feel need improvement):

Summary Evaluation: (overall impression of student and comments which may be pertinent, but were not covered by previous categories.)

Evaluator’s Name: Date:

Signature

Position/Department:

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