



Indigenous Summer Enhancement Program in Public Health and Health Research 2020

Diné College

APPLICATION

Please submit your completed application by April 24th 2020 @ 12:00am MIDNIGHT (MDT)

All 2020 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 OR can be scanned and emailed to: Lvgarcia@dinecollege.edu
- _____ 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
Linda Garcia
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 Instructor
hdreifuss@dinecollege.edu (503) 502-0776

or

Dr. Carmella Kahn, ISEP Program Instructor
ckahn@dinecollege.edu

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

_____ Attend full program, June 21st–June 26th 2020 (1 week in Tsaille, AZ)

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



**Indigenous Summer Enhancement
Program in Public Health and
Health Research 2020**
Diné College

APPLICATION

Please submit your completed application by
April 24th 2020 @ 12:00am MIDNIGHT (MDT)

Applicant Information

Full Name:			Gender for housing purposes	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:				
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
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) 9 th 10 th 11 th 12 th	Cumulative GPA:
Name of School Attending:	
Address:	
Phone: ()	
Other Secondary Institutions Attended:	
Name of School:	
Location:	
Dates Attended:	Degree/Credit Hours Earned:

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 <u>yes</u> , where do you plan on attending:	
What do you plan to major in:	
If <u>no</u> , please explain:	

Please circle your **Top 3** health profession choices from the options below:

- | | | | | | | |
|--------------------|----------------------------|---------------------|-------------------------|----------------------|------------------|-----|
| 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): | | | |

How did you hear about the ISEP program?

**Indigenous Summer Enhancement Program in
Public Health and Health Research 2020
Diné College**

TO THE PROGRAM APPLICANT: If possible, please type your responses to the questions below or on a separate sheet. 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.

Please describe a health issue/problem you feel needs more attention in your community and why.



Indigenous Summer Enhancement Program in Public Health and Health Research 2020
Diné College

RECOMMENDATION FORM (page 1 out of 2)
(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 2020 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 or **SCANNED AND EMAILED** to: Lvgarcia@dinecollege.edu

All application materials are due by **April 24th, 2020 12:00 a.m. (MIDNIGHT) (MDT)**
Thank you for taking the time to provide this important evaluation.

Please rate the Applicant with a check or X in the proper category

	Accomplished in this area	Does well in this area	Performs adequately in this area	Requires reinforcement in this area	Not Observed
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: check or mark 'x'

- This applicant receives my highest recommendation without reservation.
- I recommend this applicant with confidence.
- I recommend this applicant.
- I would NOT recommend this applicant.

RECOMMENDATION FORM (page 2 out of 2)

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: _____



**Indigenous Summer Enhancement
Program in Public Health and Health
Research 2020**
Diné College

Guardian/Parent Acknowledgment Form

I, _____, having read the
(Print parent/guardian name)

Indigenous Summer Enhancement Program application and information with my son/daughter, give permission for

(Print student's name)

to participate in the 2020 Indigenous Summer Enhancement Program.

Release of Liability:

I give full consent for my son/daughter to participate in the 2020 Indigenous Summer Enhancement Program (ISEP) and related activities sponsored by Diné College and Northern Arizona University. I further release Diné College and Northern Arizona University and any of its affiliates for the ISEP Program from any liability of accidents or injuries that may result as a part of the program's activities/events. Furthermore, should any disciplinary issues arise during the length of the program, I will take full responsibility for my child's actions and understand that it is the right of the ISEP program to release my child from the program for any reason deemed necessary. (i.e., discipline, non-compliance with policies & procedures, failure to complete assigned tasks, and excessive tardiness/absenteeism.)

I will support my child in all components and requirements of the ISEP Program. I will encourage their full participation in all ISEP activities, including those listed below:

- Attend full program, June 21st – June 26th, 2020 (1 week in Tsaile, AZ)

Parent/Guardian Signature

Date