# Indigenous Summer Enhancement Program in Public Health & Health Research 2021



# Diné College

APPLICATION

#### Please submit your completed application by:

***Monday, March 22, 2021 at 12:00 am (MDT)***

### \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**All 2021 Indigenous Summer Enhancement Program (ISEP) application packets must include:**

Application cover page (page 1)

Completed and signed Application Form (page 2 and 3)

Completed two questions on the Essay Form (page 4)

Signed Parental/Guardian Acknowledgement Form (page 5)

Completed Recommendation Form. (page 6-7). The form must be sealed in a separate

envelope with the evaluator’s signature across the enclosure flap OR the evaluator can

scan and email to: [lvgarcia@dinecollege.edu](mailto:lvgarcia@dinecollege.edu)

## Return the completed application packet by either:

## Emailing packet to:

## [isep@dinecollege.edu](mailto:isep@dinecollege.edu)

## -OR-

## Mailing packet to:

## Linda Garcia

## Diné College

## P.O. Box 580

## Shiprock, NM 87420

If you have any questions about the ISEP program and/or the application process, reach out to:

#### Amber-Rose Waters, Program Coordinator

#### Email: [ardbegay@dinecollege.edu](mailto:ardbegay@dinecollege.edu)

#### Phone: (505) 406-2279

#### Kalvina Belin, Program Coordinator

#### Email: kabelin@dinecollege.edu

#### Phone: (928) 380-4878

I fully commit to participate in all activities of the ISEP summer program: \_\_\_\_ (student initial)

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | | Gender: |  |
|  | *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** | | | | | | | | | | | | | |
| **Grade during Spring 2021** (circle one): 9th  10th  11th  12th  Cumulative GPA: | | | | | | | | | | | | | |
| Name of School Attending: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: State: Zip Code: | | | | | | | | | | | | | |
| Phone: ( ) | | | | | | | | | | | | | |
| **Past Program Participation** | | | | | | | | | | | | | |
| **Have you attended any internship 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 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): | |
| **Additional information** | |
| **How did you hear about the ISEP program?** | |
| **Do you have internet access at home?** (please check) Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_  **If no, how do you normally access internet?** (for example: McDonald’s Wi-Fi internet, hot spot, school Wi-Fi, etc.) | |
| **Do you have a smart device that is accessible to for learning?** (please check) Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_  **If yes, what do you have?** (for example: tablet, iPad, PC or MAC laptop or desktop computer) | |
| **What other needs do you have that can help support you?** | |

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# ESSAY FORM

**FILL OUT BY THE STUDENT APPLICANT:** If possible, please type your responses to the questions

below or on this sheet. Complete your responses to the best of your ability.

1. Please describe what you hope to gain by participating in the Indigenous Summer Enhancement Program

and how you will apply the skills toward your future goals.

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

# Indigenous Summer Enhancement Program in Public Health & Health Research 2021



# Diné College

# Guardian/Parent Acknowledgement 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 2021 Indigenous Summer Enhancement Program (ISEP).

##### Release of Liability:

I give full consent for my son/daughter to participate in the 2021 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 ISEP program, June 27th to July 2nd, 2021 (1 week in Tsaile, AZ or online)

Parent/Guardian Signature Date

# Indigenous Summer Enhancement Program in Public Health & Health Research 2021



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#### Please complete this form by:

***Monday, March 22, 2021 at 12:00 am (MDT)***

**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) .*

Students school: .

This student has asked you to provide an assessment of his/her suitability as a participant in the 2021 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 rate the Applicant with a check or X in the proper category*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Accomplished in this area | Does will 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 and 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.

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**RECOMMENDATION FORM (page 2 out of 2)**

1. Student’s **strengths** as you see them:
2. Student’s **weaknesses** as you see them (areas that you feel need improvement):
3. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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](mailto:lvgarcia@dinecollege.edu)

*Thank you for taking the time to provide this important evaluation!*