



M*A*S*H Application Packet
DEADLINE TO APPLY: April 1, 2010

Dear Student:

The M*A*S*H program is open to students entering their junior or senior year of high school in the fall of 2010 attending high school in Pulaski County. All applicants must also have completed a biology course that will be reflected in the transcripts. M*A*S*H will occur June 7-18, 2010.

Please complete the attached application by answering all questions as thoroughly as possible. All answers given on the student application portion must be completed in your own words. Feel free to type responses and use extra pages as necessary.

Give the “M*A*S*H School Recommendation Form” to a teacher or counselor who can best evaluate your skill as a student and critical thinker. Ask this person to complete this form and return it to the address listed below (you may return it with your application or both pieces may be submitted separately). A copy of your high school transcript must also be sent with your application. You can usually get a copy of transcript from your high school counselor.

ONLY FULLY COMPLETED APPLICATIONS WILL BE ACCEPTED so be sure to follow-up that your teacher and/or counselor has completed all forms and that your transcripts have been mailed. You are also free to contact me to verify that your entire application packet has been received.

**Please mail applications and supporting documents to:
Elizabeth Fabrega, Volunteer Coordinator
UAMS Medical Center
4301 W. Markham #527
Little Rock, AR 72205**

For further questions, please contact me at the UAMS Medical Center Volunteer Services Department, 501.686.5657.

Thank you,

**Elizabeth M. Fabrega
Volunteer Coordinator
UAMS Medical Center**

M*A*S*H STUDENT APPLICATION FORM

DEADLINE TO APPLY: April 1, 2010

(Please print clearly.)

Social Security Number: ____/____/____ **Name:** _____
(Last, first, middle initial)

Gender: _____ **Ethnicity (optional):** _____ **Date of Birth:** ____/____/____/ **T-shirt size** _____

Hometown Address: _____
(Street or P.O. Box) (Town) (Zip code) (County)

Nickname(s) if you use any: _____

Email Address: _____

Name of High School: _____ **Year of graduation:** _____

High School Mailing Address: _____
(Street or P.O. Box) (Town) (Zip code)

Parent's name: _____ **Home Telephone number:** _____

Work telephone number: _____ **Address:** _____

List your significant SCHOOL achievements, awards, & accomplishments (*please write neatly & accurately*):

List your significant NON-SCHOOL (community, church, etc.) achievements. Also describe any jobs or duties you have at home or school that demonstrate your level of commitment to a task.

Please write in your own words why you are interested in attending M*A*S*H (Medical Application of Science for Health). Your response to this question is very important in the selection process. If you need more room, use an additional page and attach it to your application.

ACCEPTANCE STATEMENT

All your expenses for M*A*S*H are being paid by the UAMS Medical Center Auxiliary. You must agree to attend for the full length of the program (2 weeks). Please note that this is a day program and that transportation to and from each daily session is your responsibility.

Signed: _____ Date: _____
(Student)

PERMISSION STATEMENT

I hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievement and grades. I understand that if my daughter/son is accepted, we will be responsible for her/his daily transportation for the two-week program.

Signed: _____ Date: _____
(Parent/Guardian)

*Please return completed form by April 1, 2010 to:
Elizabeth Fabrega, Volunteer Coordinator
UAMS Medical Center
4301 West Markham, # 527
Little Rock, AR 72205*

M*A*S*H SCHOOL RECOMMENDATION FORM
(All information from school personnel will remain confidential.)
(Please print clearly.)

1. Student Name _____
2. School Name: _____ School District _____
3. School Address: _____
4. Attach a readable transcript of this student's grades to this form. Please include any citizenship grades. **Note:** student should have taken a biology course in order to be considered for M*A*S*H.
5. Please state why you think this student would benefit from participating in M*A*S*H. Comments should be made regarding the student's abilities and potential for success in a health care environment. Use the space provided or extra space as needed.

6. Include any additional information here from other faculty members that would assist the selection committee in making its selections.

ACADEMIC ENDORSEMENT

We have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the M*A*S*H program.

School Representative/Teacher signature*

Today's date

** These signatures are required in order for the student to be considered by the selection committee.*

*Please return completed form by April 1, 2010 to:
Elizabeth Fabrega, Volunteer Coordinator
UAMS Medical Center
4301 West Markham, # 527
Little Rock, AR 72205*