

Pipeline Pre-Health Summer Program

December 12, 2008

To: Students, Parents, Counselors, Teachers, and Others

Fr: Clinton H. Dixon, PhD
Director, Pipeline Pre-Health Science Program

Re: Application for Participation in the Three-Week 2009 Summer Pipeline Pre-Health Program

The Pipeline Pre-Health Summer Program is a three-week academically intense pre-college summer program offered to junior and senior level secondary school students with an overall average of at least "B" who demonstrate an interest in the health sciences. The principal objective of the program, developed collaboratively through the Department of Biology at the Fort Valley State University and the Medical College of Georgia in 1995, is to increase the enrollment of minorities in the health professions.

The summer program is set to begin **Sunday, June 7, 2009**, and will end on **Friday, June 26, 2009**. During the three weeks, the twenty-five (25) selected students will spend three (3) weeks on the campus of the Fort Valley State University. Students will spend their weekends at home (Friday, p.m. - - Sunday, p.m.) The participants will interact with college faculty, staff and students and receive instruction in Science (Biology and Chemistry), Verbal Reasoning, Writing Comprehension, Mathematical Reasoning, and Test-Taking Strategies (SAT Prep). Participants will also take part in interactive field experiences to the Medical College of Georgia, the Morehouse School of Medicine, and other selected sites. Other sessions include interactions with health professionals on their specific professions, e.g., Medicine, Dentistry, Physical Therapy, Pharmacy, or Orthodontics, etc.

Enclosed, find two (2) complete copies of the application to be distributed to students desirous of pursuing careers in the health sciences. General selection criteria for participation in the program include, but are not limited to, students from groups under-represented in the health professions, a demonstrated strong interest in the health professions, demonstrated competence in science and mathematics, strong recommendations from counselors and science teachers, and demonstrated leadership qualities. The selection process is very competitive. We will select twenty-five (25) outstanding **GEORGIA** residents who have been screened and recommended by their high school science teachers and counselors.

Should you need more applications, please feel free to make additional copies of the application or call the Biology office at (478) 825-6240/825-6090 or e-mail me at dixonc@fvsu.edu or Ms. Wanda Bemby at bembryw@fvsu.edu. All parts of the application should be completed and mailed, faxed, or hand-delivered to the office of the Department of Biology by March 15, 2009. **Applications** may also be downloaded and printed via the web address: <http://www.fvsu.edu/files/mainfiles/PipelineApp2009.pdf>, **then**, mailed or faxed to me. Please encourage students to apply early. Successful applicants will be notified of their acceptance by mail, phone, or e-mail. Should you have questions, please contact me or Ms. Bemby.

Encl.

CHD/w

PIPELINE PRE-HEALTH SCIENCE ENRICHMENT PROGRAM

Department of Biology Fort Valley State University Fort Valley, Georgia, 31030-4313 (478) 825-6240 Fax: (478) 825-6104



SUMMER PROGRAM APPLICATION

Application Parts:

- (1) Application completed
- (2) A short essay (2 -3 paragraphs) covering:
 - a) your interest in the enrichment program
 - b) your interest in FVSU & the health science field
 - c) how your participation in this program will help you to achieve your goal(s)
- (3) Two (2) letters or recommendation **or** reference forms provided with application. Should be from guidance counselors or science teachers **only** (Biology, Physical Science, Chemistry, etc.).
- (4) Official transcripts from all high school study and ACT, SAT, or PSAT scores.

PIPELINE PRE-HEALTH SCIENCE ENRICHMENT PROGRAM APPLICATION

Pipeline Office Use Only				
1. Social Security Number				
2A. Last Name		2B. First Name		2C. Middle Name
3A. Permanent Address- Street		3B. City	3C. State	3D. Zip Code
4A. Home Telephone		4B. E-mail Address (If Applicable)		

PARENTS OR GUARDIAN

5A. Name of Father		5B. Occupation		
6A. Name of Mother		6B. Occupation		
7A. Name of Legal Guardian		7B. Occupation		

EDUCATION

8A. List all schools you have attended since 8th grade

Name	Location (City & State)	Dates of Attendance MM/YY to MM/YY

9A. Current Grade Level (Circle) 9th 10th 11th 12th

10A. Expected Graduation Date 20__

11A. Please list the names of the person(s) to whom you are seeking a reference. References must be completed on separate letter/form.

Name	Name
Mailing Address	Mailing Address
Occupation	Occupation
Daytime Telephone	Daytime Telephone

12A. Please list any Honors/Awards you have received

--

13A. Please list any extracurricular activities

--

14A. Have you ever participated in an Enrichment/Education Program before?

Yes No
If Yes, when & where?

15A. Upon graduation will you apply to the Fort Valley State University for post secondary study? Yes___ No___

What major will you pursue?

--

16A. Will there be any outside activities that will conflict with your participation in this program?

Yes No If yes, please explain

--

Personal Comments

Use space provided to describe:

- a) your interest in the enrichment program
- b) your interest in FVSU and the health science field
- c) how participation in program will help you achieve your goals

Name (Last Name, First Name, MI)

Please print or type in this area.



Pipeline Pre-Health Science Enrichment Program
Fort Valley State University

Applicant Reference Form

Mail Forms To: Pipeline Pre-Health Science Enrichment Program Department of Biology 1005 State University Drive Fort Valley, Georgia 31030-4313	If you have questions, please call: (478) 825-6240 E-Mail: dixonc@fvsu.edu
--	---

Attention Applicant: Complete Part I (print or type) fully. The person giving the recommendation must complete Part II. The form must then be returned the address above in order for the application process to be complete.

PART I

NAME OF APPLICANT		PLEASE CIRCLE CURRENT GRADE LEVEL
		9 TH 10 TH 11 TH 12 TH
CURRENT ADDRESS		TELEPHONE
CITY	STATE	ZIP CODE
NAME OF CURRENT SCHOOL ATTENDING		

PART II

To the reference: The above applicant has submitted an application to the Pipeline Pre-Health Program at Fort Valley State University and has given your name as a reference. We would appreciate your candid appraisal of this student and return this form at your earliest convenience to the address given above in order to complete the application process. Please be aware that the confidentiality of this from will be guaranteed. Thank you for your assistance.

NAME OF REFERENCE		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TITLE/POSITION		
DAYTIME TELEPHONE		

1. I have known this applicant: less than a year 1 - 2 years 3 - 4 years 5+ years
2. Do you have any reason to doubt this applicants integrity? YES NO *If YES, please explain on the back of this form.*
3. **EVALUATION (Please check all that apply)**

	Excellent	Above Average	Average	Below Average	No Comment
Intellectual Ability					
Science Comprehension					
Research Capability					
Motivation in Health Careers					
Leadership					
Teamwork					
Reliability					

4. Please make any other comments in the space provided or the back of this form that you feel will aid in this evaluation.
5. Overall recommendation of student: Recommend with confidence Recommend with reservation Not recommended

Signature of reference

Date Completed



Pipeline Pre-Health Science Enrichment Program
Fort Valley State University

Applicant Reference Form

Mail Forms To: Pipeline Pre-Health Science Enrichment Program Department of Biology 1005 State University Drive Fort Valley, Georgia 31030-4313	If you have questions, please call: (478) 825-6240 E-Mail: dixonc@fvsu.edu
--	---

Attention Applicant: Complete Part I (print or type) fully. The person giving the recommendation must complete Part II. The form must then be returned the address above in order for the application process to be complete.

PART I

NAME OF APPLICANT		PLEASE CIRCLE CURRENT GRADE LEVEL 9 TH 10 TH 11 TH 12 TH
CURRENT ADDRESS		TELEPHONE
CITY	STATE	ZIP CODE
NAME OF CURRENT SCHOOL ATTENDING		

PART II

To the reference: The above applicant has submitted an application to the Pipeline Pre-Health Program at Fort Valley State University and has given your name as a reference. We would appreciate your candid appraisal of this student and return this form at your earliest convenience to the address given above in order to complete the application process. Please be aware that the confidentiality of this from will be guaranteed. Thank you for your assistance.

NAME OF REFERENCE		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TITLE/POSITION		
DAYTIME TELEPHONE		

1. I have known this applicant: less than a year 1 - 2 years 3 - 4 years 5+ years
2. Do you have any reason to doubt this applicants integrity? YES NO *If YES, please explain on the back of this form.*
3. **EVALUATION (Please check all that apply)**

	Excellent	Above Average	Average	Below Average	No Comment
Intellectual Ability					
Science Comprehension					
Research Capability					
Motivation in Health Careers					
Leadership					
Teamwork					
Reliability					

4. Please make any other comments in the space provided or the back of this form that you feel will aid in this evaluation.
5. Overall recommendation of student: Recommend with confidence Recommend with reservation Not recommended

Signature of reference

Date Completed