

APPLICATION INSTRUCTIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY. Incorrectly filled out or incomplete applications will not be considered.

The MedQuest 2018 application is an **Adobe Fillable Form** which means you can type your answers in each of the fields provided. Once you have completed the application, you can save it to your computer or other personal device. Make sure to name the file appropriately, for example, "Jane Smith MedQuest App." Once the file is saved, you can email it to us at MedQuest@nvtahec.org. We will email you back an acknowledgement of receipt. Alternatively, you can type your answers into the form fields, then print out the application and mail to us via the US Postal Service. Make sure to allow enough time for the mail to reach our office by the deadline. *(You should allow at least 5 days.)*

THE MEDQUEST APPLICATION CONSISTS OF 5 SECTIONS:

Personal Information: Basic demographic information.

References: Give us the names, titles & phone numbers of the 2 individuals you will be asking to fill out the Confidential Student Reference forms.

Personal Questions: Please consider your answers carefully. Don't forget, this is a very competitive application process. If necessary, you can add another sheet.

Applicant Certification: Your name typed here indicates you agree to the certification statement.

Parent/Guardian Permission: The name typed here indicates that your parent/guardian understands and agrees to the permission statement.

CONFIDENTIAL STUDENT REFERENCE FORM: **Please print out 2 of these forms and give one to each of the two adults you have chosen for your references.**

Please choose no more than 2 adults who know you well, but are not relatives, such as a coach, teacher, health care provider, school/camp counselor, or community or spiritual leader. The completed reference forms should be either scanned & emailed or mailed to us directly **by the adults you have chosen for references**, and received **no later than 5 pm on Wednesday, March 7, 2018.** *(Please allow up to 5 days if mailing via the US Postal Service.)*

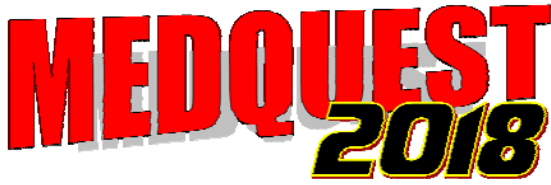
DO NOT submit the references with your application. **They will only be considered confidential and valid if they are emailed or mailed directly from the person making the recommendation.** It is, however, your responsibility to follow up with the adults providing your references to make sure the March 7TH deadline is observed. Sadly, each year some applications are not considered because only 1 of the required 2 references is received on time.

APPLICATION DEADLINE IS 5 PM WEDNESDAY, MARCH 7, 2018.

Both your **Application** and two **Confidential Student Reference forms** must be **received by the Northern Vermont AHEC office no later than 5 pm on Wednesday, March 7, 2018.** **Late or incomplete applications will not be considered.** *(Please allow up to 5 days if mailing via the US Postal Service.)*

QUESTIONS? Contact: Carlinne DeLima, MedQuest Director, at Northern Vermont AHEC:
MedQuest@nvtahec.org or call (802) 748-2506.

NORTHERN VERMONT AHEC, 347 Emerson Falls Road, Suite 3, St. Johnsbury, VT 05819



June 24 — June 29, 2018
Northern Vermont University
Johnson Campus

APPLICATION

DEADLINE: WEDNESDAY, MARCH 7, 2018

This is a competitive application, so please provide your best work. COMPLETED APPLICATION MUST BE RECEIVED BY 5 PM ON WEDNESDAY, MARCH 7, 2018. Late applications will not be considered.

Personal Information:

Name: _____ Birth date: _____
 First Middle Initial Last

Mailing Address: _____
 Street or P.O. Box City State Zip Code

Home Phone: _____ Cell: _____ Male Female

Student's E-mail Address*: _____
*(*You will be notified via this email address upon receipt of your application.)*

Name of your high school: _____ Grade: _____

Does one or both of your parents have a 4 year college degree? Yes No
 Does anyone in your household qualify for free or reduced lunch? Yes No

If not English, what is the primary language spoken in your household? _____

References:

With this packet are **two Confidential Student Reference forms to be completed.** Choose your references carefully. Both references should be adults (not relatives) who know how you learn and interact in a group. We recommend that at least one reference be someone who knows you outside the school system.

IMPORTANT: Your references must either **US Mail the form directly** to the address provided on the form or **scan** the form and **email** to MedQuest@nvtahec.org. **DO NOT** include completed reference forms with your MedQuest application. **They will not be accepted.** **PLEASE NOTE: *It is up to you to make sure that both of your references send their forms directly to AHEC before the March 7th deadline.***

Please list below the two people you have asked to complete a personal reference form:

Name: _____ Title: _____ Phone number: _____
 Name: _____ Title: _____ Phone number: _____

Now tell us about yourself by answering the following two questions (*in 1-2 paragraphs*):

1. **Understanding that MedQuest is an opportunity to explore many different health careers, please tell us about the areas of health care that particularly interest you and why:**

2. **Please tell us what traits or qualities you have that you think would be important as a health care professional:**

TO BE COMPLETED BY APPLICANT:

I certify that the information given in this application is true and correct. I have proofread for accuracy and completeness. I understand that this application will be accepted only when complete, and that it must be delivered separate from both personal references.

Signature of applicant: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

Name of parent or guardian: _____

I give permission for _____ to attend the **MedQuest 2018** Health Careers Exploration Program, which is a one-week residential program at Northern Vermont University, Johnson Campus in Johnson, Vermont. I support my student's application to this program, and if accepted, I will support his/her full participation. I understand that any information I or my student provides is held strictly confidential. **I understand that, if accepted, a \$50 deposit will be due no later than April 30, 2018, with the \$700 tuition balance due by June 1, 2018.**

Please note: Financial aid may be available based on family income and/or extenuating circumstances.

Signature of parent or guardian: _____ Date: _____

Completed application and references must be received by 5 pm on

WEDNESDAY, MARCH 7, 2018

Email to medquest@nvtahec.org or snail mail to:

MedQuest 2018, Northern VT AHEC, 347 Emerson Falls Road, Suite 3, St. Johnsbury, VT 05819

(Please allow 5 days if mailing via the US Postal Service [snail mail])