The University of Hawai‘i Health Careers Opportunity Program (HCOP) strives to provide educational opportunities in healthcare fields to individuals who are committed to serving in Hawai‘i and the Pacific, as well as build a diverse health care workforce.

HCOP provides an educational pathway to health careers at the University of Hawai‘i at Mānoa (UHM) and other University of Hawai‘i campuses. High school students explore various health career fields, learn about university academic requirements, and experience campus life during the summer residential program. Upon entry into college, students receive assistance as they pursue and complete their health degree program. Full scholarship is provided for housing, meals, and other educational costs for summer program.

**Program Information**

**Phase 1: Summer**
- Participate in an intensive summer enrichment and residential program focusing on critical thinking, writing, and communication skills.
- Utilize the Problem-Based Learning (PBL) method to study about various health care professions and issues.
- Explore health careers through community and health center tours, and interaction with health professionals and students.
- Learn healthy lifestyle behaviors through guest speakers’ presentations and health and wellness activities.

**Phase 2: Fall & Spring**
- Academic advising.
- Career exploration, personal counseling, and financial aid information.
- Study skills enhancement, preparation for health related college majors.
- Opportunities to network and shadow health care professionals.

**Eligibility Requirements**
Any U.S. citizen, U.S.-Affiliated Pacific Islander, or resident alien who is interested in a health career and meets both of the following criteria:

- Any high school student attending a public school within the Department of Education in the State of Hawai‘i who has completed their sophomore year by Spring 2013. Priority is given to, but not limited, to students from Farrington, Nanakuli, Wai‘anae, or Waipahu high schools. Must have completed 9th grade upon start of program in June 2013 and will enroll in a public high school in the next academic year.
- Have at least a 2.0 GPA

**High School Summer Program Dates**
June 23 – July 6, 2013

**Application Requirements**
The following items must be received in the HCOP office or be postmarked by the Friday, February 22, 2013 to receive priority consideration for the 2013 program.
- Completed and signed HCOP application form.
- High School Transcript(s).
- Personal Statement (maximum 500 words) or video (7-10 minutes).
- Two Letters of Recommendation. One from a teacher or counselor and the second from an employer, pastor, or extra-curricular advisor (coach, club advisor, community leader).
- Résumé.
University of Hawai‘i at Mānoa
HEALTH CAREERS OPPORTUNITY PROGRAM (HCOP)
HIGH SCHOOL PARTICIPANT APPLICATION 2013

The gender, ethnic background, and race of each applicant is collected for data-gathering and state and federal report purposes. Providing ethnic & gender information does not affect determination of admission into HCOP.

PERSONAL BACKGROUND

Name: ____________________________  Last Four Numbers of Social Security #: ____________

Last  First  M.I.  High School: ____________________

Date of Birth: __/__/__  Age: ______________

Gender:  □ Male  □ Female  Grade:  □ Fr  □ So  □ Jr  □ Sr

Email: ______________________________________

Health Career Interest(s): ____________________________________________

How did you hear about the Health Careers Opportunity Program? ____________________________________________

Current Address: __________________________________________________

Permanent Mailing Address: __________________________________________

City/Zip code: __________________________________________

City/Zip code: __________________________________________

Cell Phone: __________________________________________

Alternate Phone: __________________________________________

Ethnicity (list all that apply): ______________________________________

Citizenship:  □ USA  □ Resident Alien or U.S. Affiliated Pacific Islander

□ Other  (Specify Country): ______________________________________

Parent(s)/Legal Guardian(s) Information

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Applicant Name: ____________________________ (Last), ____________________________ (First)

01/02/13
HCOP HIGH SCHOOL APPLICATION

What is the primary language spoken at home? ________________________________

List any other languages spoken at home ____________________________________________________________________________

Receiving free- or reduced-cost lunch? □ Yes □ No

Check certifications & list expiration date: □ CPR ____________________ □ First Aid ________

Résumé

- Please attach a résumé. No more than one (1) page.
  - Refer to attached sample résumés.

PERSONAL STATEMENT/VIDEO RESPONSE

Please write a personal statement or create a video responding to all of the following questions. The statement should be maximum 500 words and double-spaced (attach to application) or the video should be 7-10 minutes. Video responses must be saved to a CD and playable on a Mac/PC.

- Why do you want to participate in HCOP? What are your health career interests and why?
- Describe a challenge that you have faced.
  - In what way has it impacted you?
    - How did you overcome it?
    - What did you learn from it?
- Describe an experience or event that has changed you as a person.

Applicant Name: _______________________________ (Last), _____________________ (First) 01/02/13
RECOMMENDATIONS

Two letters of recommendation are required. The first letter should be from a teacher (preferably a health/science teacher) or counselor. The person should be able to comment on your academic qualifications and on your potential to succeed in the Health Careers Opportunity Program and pursue a career in health. The second letter should be from an employer, pastor, or extra-curricular advisor (coach, club advisor, community leader). The person should be able to comment on your personal attributes and abilities indicating your potential to be a competent, compassionate future health care worker, as well as demonstrated commitment to serve the community. Recommendation letters written by family or friends will not be accepted. Please ask the person to complete the recommendation form, and to return it directly to the address below.

Recommender's Name: ___________________________________________ Title: ______________________________
Organization: ____________________________________________________________
Address: ____________________________________________________________________________
Phone: ___________________ Fax: ___________________ E-Mail: ______________________________

Recommender's Name: ___________________________________________ Title: ______________________________
Organization: ____________________________________________________________
Address: ____________________________________________________________________________
Phone: ___________________ Fax: ___________________ E-Mail: ______________________________

CERTIFICATION

I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply required information in connection with this application may result in the rejection of my application. I agree to notify the Health Careers Opportunity Program of additional information or changes arising at any time prior to or during my enrollment.

_________________________  ____________________________
Student's Signature        Date

If under age 18, please have parent/legal guardian sign below:

_________________________  ____________________________
Parent or Legal Guardian's Signature  Date

SUBMIT MATERIALS TO:

University of Hawai‘i at Mānoa
Student Equity, Excellence & Diversity Department (SEED)
Health Careers Opportunity Program (HCOP)
2600 Campus Road, QLCSS Room 413, Honolulu, HI 96822
Phone: (808) 956-3404  Fax: (808) 956-9240  E-mail: hcop@hawaii.edu

Priority Deadline:
February 22, 2013

University of Hawai‘i at Mānoa
An Equal Opportunity / Affirmative Action Institution

Applicant Name: ___________________________________________ (Last), ________________________(First)

01/02/13
All of the following items must be received in the HCOP office, or be postmarked by **February 22, 2013** to receive priority consideration for the 2013 program.

**Application Checklist**

- □ Application (signature required)
- □ Personal Statement or Video Response
- □ Two Letters of Recommendations
- □ One Copy of High School Transcripts
- □ Résumé

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**For More Information**

University of Hawai'i at Mānoa
Student Equity, Excellence & Diversity Department (SEED)
Health Careers Opportunity Program (HCOP)
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Phone: (808) 956-3404 ✦ Fax: (808) 956-9240 ✦ E-mail: hcop@hawaii.edu

**Priority Deadline: February 22, 2013**

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