

HOWARD UNIVERSITY
COLLEGE OF PHARMACY, NURSING AND ALLIED HEALTH SCIENCES
CENTER OF EXCELLENCE
June 20, 2009 – August 1, 2009

HIGH SCHOOL SUMMER ENRICHMENT PROGRAM

Residential Program estimated cost: Tuition (\$600), Housing (\$1,100.00) and Meals (\$550.00) and Non Local Transportation \$450.00
Non-Residential Program estimated cost: Tuition (\$600), Local Transportation (\$210.00) and Meals (\$550.00)

PROGRAM OVERVIEW

The Center of Excellence (COE) High School Summer Enrichment Program is a six-week intensive summer program. Thirty (30) High School students who express an interest in a career in the health professions will be selected. The COE High School Summer Enrichment Program selection process is competitive. National Achievement Scholars and high achieving mathematics/science students are encouraged to apply. The Center of Excellence program is designed to integrate the (NIH) *Healthy Behavior Curriculum* including the following; Using technology to study Cellular and Molecular Biology; Cellular Biology and Cancer; Sleep, Sleep disorders, and Biological Rhythms; and The Science of Mental Illness. The curriculum will also include Math and English classes, Health Fairs, Seminars, Workshops and Educational Field Trips. Students must exhibit leadership skills as well as mathematics/science and technology aptitude. Participants are challenged to achieve greater accomplishments. We can be reached at www.howard.edu; navigate to the College of Pharmacy, Nursing and Allied Health Sciences and continue to the Center of Excellence/Summer Enrichment Program and Recruitment.

APPLICATION REQUIREMENTS

Students must complete and submit the following information:

1. COE High School Summer Enrichment Program Application
2. Three letters of recommendation from a math or science instructor and/or counselor
3. An official transcript (necessary for acceptance into the program)
4. An essay that demonstrates the students' interest in their chosen career field
5. Pre Orientation Interview

The application and supporting materials must be received by April 30, 2009. Final candidates will be contacted for a personal interview, which will be May 5 - 8, 2009. All applicants will be notified of the decision regarding their application by May 11, 2009. Applicants must reply within five days of notification. Final and official high school transcripts, which indicate the successful completion of a student's course of study should be received by June 9, 2009.

APPLICATION DEADLINE April 30, 2009

Submit to:
Howard University
College of Pharmacy, Nursing and Allied Health Sciences
Dr. E Jeannette Andrews
Attention: Center of Excellence
2300 4th Street, NW
Washington, DC 20059
Faculty Annex III Room 116
Phone: (202) 806-4211 or (202) 806-4212

Objectives:

- 1) *To encourage young under-represented racial and ethnic minority students to pursue careers in the health professions*
- 2) *To increase young under-represented racial and ethnic minority students' awareness of career pathways to the health professions*
- 3) *To provide a platform for young under-represented racial and ethnic minority students to meet current minority health professionals and graduate health professional students*

Eligibility & Selection Criteria:

Participants will be selected based on eligibility, merit of their application (interest statement and GPA) and their demonstrated interest in the health professions. Participant requirements include:

- Students of African, African-American, Latino/Hispanic, Asian/ Pacific Islander or American Indian/ Alaskan Native ethnicity
- High School Students 9th -12th Grades
- Students must have a cumulative 3.0 GPA or Above
- Demonstrate interest in the health professions

Insurance Requirements: All selected students must provide their own insurance.

Estimated Program Fee: An estimated program cost of \$2,700.00 will be applicable to all students selected.

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Student Application Form

Personal Information:

Last Name: _____ First Name: _____

Permanent Address: _____

Number Street
Apartment

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email: _____

Social Security #: ____-____-_____

Date of Birth: ____/____/____

Are you an U. S. Citizen? [] Yes [] No

Demographics:

Gender: Male Female

Ethnicity: African American/Black Caucasian
 American Indian/Alaska Native Hispanic American/Latino
 Asian American/Pacific Islander Multi-racial
 Other _____

Education Background:

Name of School/Institution: _____

Grade Point Average: _____ Scale: 4.0 5.0 100%

Level in school : 9th Grade 10th Grade 11th Grade 12th Grade

What do you want to study/ what are your favorite subjects in school?

Have you ever participated in the ARMS Middle Kids in Health Summer Program? No Yes

If yes, which year(s)? 2008 2007 2006

Are you a member of a science club? No Yes

If yes, please specify which one: _____

I certify that to my knowledge the information in this application is completed factually, accurate and honestly. I understand that the information I have provided in this application may be subject to verification.

Parental Consent: _____ Date: _____

Please write a 250 word essay describing how attending this summer program will be beneficial to you in your future career path in the health professions.

FOR OFFICE USE ONLY

Date Received: _____

Interview Date (s): _____

Complete File: _____

Notes: _____

Verification: _____

Howard University does not discriminate on the basis of race, color, national and ethnic origin, sex, martial status, religion or disability in the administration of its educational policies, scholarship and loan programs, other University administrated programs and employment.