

# **Wah-Zha-Zhi Health Center Student Summer Health Career Immersion Program**

**(for Osage High School Juniors, Seniors, Recent Graduates)**

## ***Student Application Packet***



***“A Summer Program Designed to Better Prepare Students to Remain in the Academic Pipeline and Pursue a Career in the Health Professions and/or Biomedical Research.”***

**Program Dates: July 8 – July 18, 2019**

**Application Deadline: Friday, May 31, 2019**

**APPLICATION MUST BE RECEIVED BY MAY 31, 2019.  
INCOMPLETE OR LATE APPLICATIONS WILL NOT BE REVIEWED.**



## Wah-Zha-Zhi Health Center Student Summer Health Career Immersion Program

Wah-Zha-Zhi Health Center  
Osage Health Services  
715 Grandview  
Pawhuska OK 74056  
TEL: (918) 287-9395  
FAX: (918) 287-2347

The Program, is an intense 10-day educational enrichment program funded by Wah-Zha-Zhi Health Center, with an appropriation by Osage Nation Congress. The program is designed to better prepare American Indian/Alaska Native (AI/AN) high school juniors, seniors and recent graduate students to remain in the academic pipeline and pursue a career in the health professions and/or biomedical research. The curriculum is presented in a series of lectures, interactive workshops, and field trips. Students will learn about various health professions, college, and medical school admission processes, financial aid resources, and health care issues affecting Osage communities. Students will also get the opportunity to network with Osage health professionals and learn about mentoring programs with American Indian health professional member physicians and others.

### ELIGIBILITY

The Wah-Zha-Zhi Health Center Student Summer Health Career Immersion Program will select Oklahoma area Osage high school students Juniors, Seniors, and recent graduates (ages 16 – 18 preferred), to attend the program to be held July 08 – July 18, 2019, in Tulsa, OK. Osage students with interest or planning to enter health careers are encouraged to apply. Students are selected based on scholastic achievement, demonstrated interest in the fields of health sciences or biomedical research, leadership skills, and personal attributes. The scholarship covers lodging and most meals. **Scholarship awarded on a one-time basis only.** Students completing the entire 10-day program shall receive an added \$1000 stipend.

***NOTICE: The Wah-Zha-Zhi health Center Student Program is NOT a summer camp or sightseeing trip. It is an intense program that consists of a rigorous schedule of all-day sessions and activities that may involve a lot of walking.***

**APPLICATION CHECKLIST** – To ensure that no application requirements have been overlooked, refer to the checklist below. An incomplete application may prevent you from being selected as a participant in the program. Students will be notified of the selection results the week of May 31, 2019.

- \_\_\_\_\_ **Primary Data Sheet** (included in this packet)
- \_\_\_\_\_ **One-Page Personal Statement** (double spaced) – Describe your family background, future educational and career plans, volunteer work/experience in health care and/or research, cultural involvement, and personal attributes. Include how the program will help you accomplish your goals and other relevant information.
- \_\_\_\_\_ **Most Recent Academic Transcript** – Official transcript preferred
- \_\_\_\_\_ **One Recommendation Checklist Form** (included in application packet) – must be completed by the counselor or instructor writing Letter of Recommendation. *Only one recommender will be considered.*
- \_\_\_\_\_ **One Letter of Recommendation** – must be completed by the counselor or instructor and submitted in a sealed envelope with the Recommend Checklist, and attached or enclosed, with your completed application. *Only one recommender will be considered.*
- \_\_\_\_\_ **Photograph** – for identification and publication purposes
- \_\_\_\_\_ **Copy of Osage Nation Tribal Membership Card**

**Please mail or email your completed application to the following address:** WZZHC Student program, Attn: Student Health Program, 715 Grandview Pawhuska OK 74056 or via e-mail to **Mary.Hammer@ihs.gov**

**Wah-Zha-Zhi Health Center**  
**Student Health Program**  
**STUDENT PRIMARY DATA SHEET**  
APPLICATION FORMS MAY BE PHOTOCOPIED

**Part I. Personal Information** (Please type or print legibly in ink.)

|                                                                               |                                                              |                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|
| <b>First</b>                                                                  | <b>Middle</b>                                                | <b>Last</b>                                  |
| Date of Birth      /      /                                                   | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number      -      -         |
| Are you a US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                              | Any food allergies or special dietary needs? |
| Health Career Interest: _____                                                 |                                                              |                                              |

**Part II. Current Contact Information**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Main E-mail \_\_\_\_\_

Alternate E-mail \_\_\_\_\_

**Permanent Address** (if same, please indicate)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Emergency Contact**

|                    |                    |
|--------------------|--------------------|
| Contact Name _____ | Relationship _____ |
| Home Phone _____   | Cell Phone _____   |

**Below Line: For Office Use Only**

|                                    |                                                                               |
|------------------------------------|-------------------------------------------------------------------------------|
| <b>Postmark Date</b> _____         | Scholarship Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Items Received / Completed:</b> | <b>Status</b> _____                                                           |
| Personal Data Sheet _____          | Recommend Letter _____                                                        |
| Essay / Personal Statement _____   | Photo _____                                                                   |
| Academic Transcript _____          | CDIB or tribal affiliation copy _____                                         |
| Recommend Checklist _____          |                                                                               |

### Part III. Family Information

Who is the Custodial Parent?   ☐ Both   ☐ Mother   ☐ Father   ☐ Other \_\_\_\_\_

#### Mother or Guardian

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
\_\_\_\_\_

#### Father or Guardian

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
\_\_\_\_\_

### Part IV. Education Information

High School Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_  
Counselor / Advisor \_\_\_\_\_ Phone \_\_\_\_\_  
Type of School        ☐ Public        ☐ Private        ☐ Reservation        ☐ BIA  
School Year                ☐ Sophomore        ☐ Junior        ☐ Senior        ☐ Recent Graduate  
Date \_\_\_\_\_  
Cumulative GPA \_\_\_\_\_ H.S. class size & rank \_\_\_\_\_  
\_\_\_\_\_

**List awards, honors, and special achievements:** (include award name, date received, sponsoring organization, & reason) *use additional page if needed.*

---

---

---

**Volunteer work/hobbies/clubs/sports/other activities:** (include school, community, cultural, and church-related activities) *use additional page if needed.*

---

---

---

**List other summer or academic programs in which you participated:** (Include program name, sponsoring organization, & date of attendance) *use additional page if needed.*

---

---

---



**Wah-Zha-Zhi Health Center**  
 Student Health Program  
**RECOMMENDATION CHECKLIST**  
*(to be completed by Councilor or Teacher Adviser)*

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please rate the following Applicant's attributes from Weak (1) to Strong (5).

|                             |                                                                                                                    | <b>Weak</b> |          |          | <b>Strong</b> |          |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|---------------|----------|
| <b>Academics</b>            | Applicant accomplishes difficult work.                                                                             | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Learning Skills</b>      | Applicant displays the ability to comprehend new learning material and demonstrates understanding of the material. | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Punctuality</b>          | Applicant arrives at scheduled events on time.                                                                     | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Communication</b>        | Applicant possesses good communication skills.                                                                     | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Following Directions</b> | Applicant follows directions and completes assigned tasks.                                                         | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Motivation</b>           | Applicant exhibits a desire to increase knowledge and skills.                                                      | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Adaptability</b>         | Applicant adapts to new situations and difficult circumstances.                                                    | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Emotional Stability</b>  | When under stress, the applicant reacts in a mature and dependable manner.                                         | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Leadership</b>           | Applicant demonstrates leadership skills.                                                                          | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Authority</b>            | Applicant respects authority and works within stated rules and regulations.                                        | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Responsibility</b>       | Applicant accepts responsibility and assumes moral and mental accountability for personal actions.                 | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Integrity</b>            | Applicant exhibits honesty in dealing with others.                                                                 | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |
| <b>Concern for Others</b>   | Applicant is sensitive to the views and feelings of others in various situations.                                  | <b>1</b>    | <b>2</b> | <b>3</b> | <b>4</b>      | <b>5</b> |

**Overall Recommendation:** (check the statement which you feel to be the most applicable)

- ☐ I recommend the applicant highly as a good candidate for the Program.  
☐ I recommend the applicant with reservations as a candidate for the Program.  
☐ I do not recommend the applicant for the Program.  
☐ Other: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**Note: When rating applicant, please take your time and be fair to the applicant. Please assess the applicant's interest in a health career and share any observations and inferences that would be useful in deciding the student's participation in the American Indian Youth Immersion Program. Please return this form, along with a Letter of Recommendation in a sealed and signed envelope, to the applicant.**

For questions, please contact Gary Lankford, American Indian Student Program Director at (405) 946-7072, or via e-mail at [glankford@aaip.org](mailto:glankford@aaip.org)



**Wah-Zha-Zhi Health Center  
Osage Health Services  
Student Health Program  
715 Grandview  
Pawhuska OK, 74056  
TEL: (918) 287-9395  
FAX: (918) 287-2347  
[Mary.Hammer@ihs.gov](mailto:Mary.Hammer@ihs.gov)  
[Julia.Lookout@ihs.gov](mailto:Julia.Lookout@ihs.gov)**