Hello!

As the MASH Director for Medical Center for the South Arkansas/South Arkansas Community College MASH, I want you to know that we are excited about your interest in a health career and your desire to enhance your knowledge and gain experience within this field. Thank you for taking the time to seriously consider this program as you make plans for the summer. Students are selected based on GPA, an essay describing their desire to attend MASH, teacher recommendation, extra-curricular activities and community service, as well as awards and accomplishments. If you have questions, please feel free to email me at any time. Students who apply will be notified by mail of their status by April 10, 2020. If you have not received a letter by then, please contact me.

I look forward to reading over your applications and learning more about you!

M*A*S*H, or Medical Applications of Science for Health, is a two-week summer program that introduces high school students who are currently in the 10th or 11th grade to health careers. Students selected into the M*A*S*H program will shadow in a variety of health care locations, learn medical terminology, take part in hands on activities to learn medical procedures and tour the Medical Center of South Arkansas. Students take part in team building activities, heart dissection, suturing, and learn about a variety of health careers.

Lunch and snacks will be provided. IMPORTANT! Please notify the M*A*S*H Director of any food allergies or other dietary restrictions, if accepted.

This program is located at the Medical Center of South Arkansas the first week and at South Arkansas Community College Health Science Center the second week. A mandatory orientation meeting will be held a few weeks prior to the MASH program to get permission forms signed and give out the program schedule to students.

This is a FREE program for students, thanks to community donations and support from the M*A*S*H Partnership.

Stephen Attebery
M*A*S*H Program Coordinator
Medical Center of South Arkansas / South Arkansas Community College
saattebery@uams.edu 870-562-8588 Ext. 1003

STUDENTS: PLEASE KEEP THIS SHEET FOR YOUR RECORDS
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Medical Center of South Arkansas / South Arkansas Community College

2020 APPLICATION  

June 2-12, 2020

DEADLINE TO APPLY: March 18, 2020

Please print clearly

Student Information

Name: ___________________________________________  Last
                                                      ______________  First
                                                      ______________  Middle initial

Do you go by a different name? If so, what is it? ______________________________________________________

Gender (circle):  Male / Female  Date of Birth: _________/_________/__________

Race (check one):  □ White  □ Black/African American
                   □ American Indian or Alaska Native  □ Asian
                   □ Native Hawaiian or Other Pacific Islander
                   □ Other:
                        Please specify:__________________________________________

Home Address: ________________________________________________  Street or P.O. Box

________________________________________________________________

City ___________________  State _______________  Zipcode ____________

Home phone number: ___________________  Cell phone number: _____________

E-mail address: ________________________________________________ (if you do not have one, create one)

Name of High School: __________________________________________

Year You Will Graduate: __________

School Mailing Address: ____________________________________________

          (Street or P.O. Box)  (Town)

T-shirt Size (circle one):  S  M  L  XL  2X  3X

M*A*S*H Application 2020
What health career are you MOST interested in? ___________________________________________

Please list any food allergies or dietary restrictions you have: ______________________________

Do you have any medical conditions, including pregnancy, we should be aware of?  □ Yes    □ No

*If yes, please specify: _______________________________________________________________

*Please note: For your safety, we ask that you tell us about any medical conditions. This information will NOT disqualify you from the program.

Have you participated in MASH before?  □ Yes    □ No

Have you applied to any other MASH programs this year?    □ Yes    □ No

*If yes, please specify which program(s): _______________________________________________

**Parent or Guardian Information**

Name: _______________________________________________________________________________

Home Address: _________________________________________________________________________

___________________________________________________________________________________

Home/Work phone number: ________________________    Cell phone number: __________________

Area code/number                                          Area code/number
STUDENT WRITING SECTION

1. List your significant SCHOOL activities, achievements and awards from the past two years:

2. List your significant NON-SCHOOL (community, church, etc.) achievements of the past two years. Also, describe any jobs or duties you have at home or school that demonstrate your level of commitment to a task.
3. Please write in your own words why you are interested in attending MASH (Medical Application of Science for Health) and why you want to learn about health careers.
DISCIPLINARY POLICY

MASH faculty and staff aim to maintain a safe, positive, and educational environment for all participants. Certain behaviors can result in your immediate dismissal from the MASH program and the notification of your parent/guardian. These behaviors include, but are not limited to:

- Deliberate violation of host facility’s safety rules
- Possession of alcohol and/or illegal drugs
- Being intoxicated or under the influence of any controlled substances
- Use of tobacco products or e-cigarettes during program hours
- Violation of dress code or cell phone policy
- Inappropriate language or discussions
- Violation of HIPAA rules and regulations
- Harmful or inappropriate contact or communication with other participants and/or staff
- Deliberate destruction or damage to property
- Unexcused tardiness or absence

STUDENT ACCEPTANCE STATEMENT

All your expenses for MASH are being paid by the MASH Partnership, which includes Arkansas Farm Bureau, UAMS and county Farm Bureau organizations. If accepted into the program, you agree to attend the full length of the program (2 weeks) and to abide by the disciplinary policy. Please note that this is a day program and that transportation to and from each daily session is your responsibility.

Signed: ________________________________ Date: _________________
Student

PARENT/GUARDIAN PERMISSION STATEMENT

I hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievement and grades. I understand that if my son/daughter is accepted, we will be responsible for his/her daily transportation for the two-week program.

Signed: ________________________________ Date: _________________
Parent/Guardian
MASH SCHOOL RECOMMENDATION FORM

(CONFIDENTIALITY WILL BE HONORED REGARDING INFORMATION SUPPLIED BY SCHOOL PERSONNEL)

1. Student Name ____________________________________________
   First                                                Middle                                                Last

2. School Name: ____________________________________________
   School District: ____________________________

3. School Address: ____________________________________________
   Street or P.O. Box                                      Town                                                Zip Code                                                County

4. TEACHER: THIS INFORMATION IS CONFIDENTIAL. Please state why you think this student would benefit from participating in MASH. Comments should be made regarding the student's abilities and potential for success in a health care environment. Use the space provided, then sign at the bottom of this page.

Teacher's signature ________________________________________  Date __________________________

Printed Teacher Name ____________________________________________

Email ____________________________________________

What subject do you teach? ____________________________________________
1. Include any additional information here from other faculty members that would assist the screening committee in making their selections.
SCHOOL COUNSELOR ACADEMIC ENDORSEMENT

Student Name ____________________________
First                                   Middle                                Last

Student’s Cumulative GPA _____________

I have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the MASH program.

_______________________________________   __________________________
Counselor's signature                  Date

_______________________________________   __________________________
Counselor’s Printed Name                Counselor’s Email

Attach a legible transcript of this student's grades to this form.
(Citizenship grades, ACT scores & comments can be included.)

Student must have taken BIOLOGY (or be currently enrolled) in order to be considered for MASH.

PLEASE EMAIL OR MAIL THE COMPLETED APPLICATION AND TRANSCRIPT BY March 18, 2020 TO:

Stephen Attebery  saattebery@uams.edu

or

MASH PROGRAM
C/o Stephen Attebery
UAMS South Regional Campus
1617 N. Washington
Magnolia, AR 71753

M*A*S*H Application 2020