Wake Forest Medical Scholars Summer Program

The 2021 Wake Forest Medical Scholars Summer Program of Wake Forest School of Medicine is designed to recruit, educate, and prepare underrepresented minorities and disadvantaged high school students for careers in medicine. The program period is July 26 - 29, 2021. Specifically, the program’s aim is to identify 10-15 ninth - twelfth grade high school students who have an interest in a medical career and academic potential for a career in the health sciences.

**Applicants must meet all requirements:**
1. Be enrolled as a ninth - twelfth grader for the 2021-2022 school year.
2. Complete the application process and meet the summer program guidelines.
3. Have a minimum 2.5 grade point average.
4. Submit a letter of interest outlining your career goals and why you want to participate in our summer program.
5. Submit the Photo Release Form and Liability Waiver.
6. Complete to WFMS Summer Program COVID-19 Release Form and Pre-Camp Health Screening Form.

**During the program, the student will be able to:**
- Learn about the various career opportunities within the medical specialties and sub-specialties.
- Engage in hands-on experience with state-of-the-art health technology equipment used in the medical field.
- Solidify their decision to enter a medical career field.
- Experience a learning environment which integrates school life with the adult world of work.
- Meet and interact with medical professionals and current Wake Forest School of Medicine students.

**FOR MORE INFORMATION, CONTACT:**
Lamonica Ames, Program Manager
Office of Student Inclusion and Diversity
Wake Forest School of Medicine
475 Vine Street | Winston-Salem, NC 27101
sid@wakehealth.edu
(336) 713-9358 - Office
(336) 716-5812 - Fax
Wake Forest Summer Program 2021 Student Application

Applicant Information

Full Name: ___________________________ Date: ____________
First M.I. Last

Address: ________________________________
Permanent Mailing Address
Apartment/Unit #
City State ZIP Code

Phone: ___________________________ Email: ___________________________

Dietary Restrictions: ___________________________

Have you attended any of our summer programs in the past?: □ Yes □ No

Demographic Data

Birthdate: ________________ Gender: □ Female □ Male

Ethnicity: □ African American (not of Hispanic origin) □ Hispanic/Latino/Latina
□ Asian/Pacific Islander □ Native American/Alaskan Native
□ Caucasian (not of Hispanic origin) □ Other (specify) __________________________

*For data collection regarding health professions shortage purposes. This information is a requirement of the US Department of Health and Human Services. This is not used as a criterion for selection.

Education

Present Grade Level: ___________________________

Name of School Presently Attending: ___________________________

School Address: ___________________________

School Phone Number: ___________________________

Name of High School Scheduled to attend in the Fall: ___________________________

Your Parent or Guardian Information

Full Name(s) of Parent/Guardian:
First M.I. Last

Address of Parent/Guardian:
Permanent Mailing Address
Apartment/Unit #
City State ZIP Code

Phone of Parent/Guardian: Home/Mobile: ___________________________ Work: ___________________________

Parent Email(s): ___________________________

Highest Level of Education: ___________________________
Disclaimer and Signature

STUDENT AND PARENT/GUARDIAN COMMITMENT: WE UNDERSTAND THAT STUDENTS APPLY TO ATTEND WAKE FOREST MEDICAL SCHOLARS AS AN OPTIONAL SCHOOL ACTIVITY. WE UNDERSTAND THAT WITH ACCEPTANCE, SATISFACTORY BEHAVIOR, CONDUCT, ACADEMIC PROGRESS, AND REGULAR ATTENDANCE IS MANDATORY FOR CONTINUED PARTICIPATION IN WAKE FOREST MEDICAL SCHOLARS. WITH THAT ACCEPTANCE ALSO COMES THE RESPONSIBILITY TO MAINTAIN A MATURE, PROFESSIONAL APPEARANCE. DUE TO CONTACT WITH HEALTH CARE FACILITIES AND PERSONNEL, A HIGHER STANDARD OF APPEARANCE IS EXPECTED. WE AGREE TO ABIDE BY ALL SCHOOL POLICIES, INCLUDING THE SUMMER PROGRAM POLICIES.

Student’s Signature: ____________________________ Date: ____________

Parent’s/Guardian’s Signature: ____________________________ Date: ____________

IMPORTANT: PLEASE REFER TO THE PROGRAM PAMPHLET FOR THE APPLICATION REQUIREMENTS AND THE MATERIALS TO BE ENCLOSED WITH THIS APPLICATION.

For further details or questions please contact – Delia Rhodes at drhodes@wakehealth.edu

Application Deadline:

Applications must be received no later than: **July 1, 2021**

Please fill out and submit your application electronically or send to:

Office of Student Inclusion and Diversity
Wake Forest School of Medicine
475 Vine Street Winston-Salem, NC 27101
sid@wakehealth.edu

Wake Forest School of Medicine is committed to abide by all local, state and national laws, and to administer all educational and employment activities without discrimination because of race, color, religion, national origin, age, marital status, physical handicap, or sex (except where sex is a bona fide occupational qualification or statutory requirement).
Please submit your personal essay outlining your career goals and why you want to participate in our summer program in the box below.