



University of Pittsburgh Health Career Scholars Academy

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Ms. Karen Narkevic, Program Director

June 23 – July 20, 2024

2024 UPHCSA Application Form

Application Deadlines & Notification Dates

Receipt Deadline (in UPHCSA Office): February 23, 2024.

Notification: March 11 – 15, 2024 – Notification of status will be via email.

Student Eligibility:

- The student must be a **current sophomore or junior (and at least 15 years of age)** in secondary school or homeschooled **at the time of application**. Any US or International student meeting these requirements is eligible to apply.
- **The applicant who accepts an invitation to attend the program must commit to being in residence for the entire program, which does not allow trips home or other absences, including arriving late for the start of the program or leaving early at the end.**
- Completed application must be returned by **February 23, 2024**. **All parts of the application must be submitted in one package.**
- Grounds for Disqualification: Ineligibility (as listed above); late submission; incomplete application (it must be submitted in its entirety at one time); plagiarism; or falsification of information on the application.

Application Information:

Application to the UPHCSA is a competitive process: Not all applicants will be accepted. A selection committee comprised of health care professionals, educators and other officials reads the applications. All information provided in an application is considered, with emphasis on the student's essays, activities resume and academic transcript. The panel looks for a commitment to service and excellence in written expression in the essays. Students are asked to select a current issue related to health care, discuss the problems and possible approaches or solutions they recommend, and explain their interest in the issue. The panel reviews the extracurricular resume for evidence of volunteerism, involvement in community activities and leadership. Teacher references are read for evidence of scholarship, maturity, responsibility, initiative, and positive reaction to criticism.

The panel will select 100 students.

Application Contents:

- ___ Program and Application Information (pages 1 and 2) –Please keep for your records
- ___ Personal Data Form and Authorizations (pages 3 and 4)
- ___ Application Essays – Narrative and Chief Essay (Please attach to pages 3 and 4)
- ___ Resume or C.V. (Please attach to pages 3 and 4)
- ___ Science Teacher Reference Form (pages 5 and 6)
- ___ Other Teacher or Activity Advisor Reference Form (pages 7 and 8)
- ___ School Counselor Reference Form (pages 9 and 10)
- ___ Copy of Secondary School Transcript – (Counselor to attach to pages 9 and 10)
- ___ Scholarship Assistance Information and Application Requirements (Page 11)

You should retain a copy of the entire submitted application for your records (except the recommendations which should be submitted in sealed envelopes from the teachers, etc.).

Program Overview

The University of Pittsburgh Health Career Scholars Academy is a unique, four-week, residential summer program for high school students that is held on the main campus of the University of Pittsburgh in Pittsburgh, Pennsylvania. The students who are accepted to UPHCSA are highly motivated, thoughtful, hard-working, and committed to helping others. The program brings together 100 students to live and learn together in a pre-college environment.

Students attend sessions on topics falling into one of these broad categories: Caring for Health, Making a Difference, and Thinking about Thinking. In addition, each student will be assigned to a learning team course and a concentration course. A shadow experience, multiple site visits, small discussion groups, guest speakers, simulation games, team projects and presentations, videos, independent study and working in a culturally diverse environment are included in the UPHCSA curriculum. Another important aspect of the program is helping students to learn, understand and develop professional expectations and behavior. The program also schedules social and recreation activities. Typically, students spend evenings after 8:30 p.m. working on projects and assignments.

Student Life

Students will be housed in dormitories on the University of Pittsburgh campus. Using a provided meal card, participants eat in the UPMC Presbyterian Hospital cafeteria during the program. To support the goal of students living in and creating a community of learners, a programming plan within the residence halls is in place. Residence Life staff (ratio of one staff member for approximately 10 - 12 students) offer a variety of activities on weekends after class meetings, to support the program curriculum and to encourage interaction among the participants.

The live-in staff consists of nine or ten Resident Life Counselors, one of whom serves as the Resident Life Coordinator. Students and staff are housed in a dormitory on Pitt's campus with some social activities held in the common areas of the dorm, as well as at other campus locations. Members of the opposite sex are not permitted in the sleeping room areas at any time, except for the program staff. Accommodations vary depending on the dormitory used. Some dorms are suite style, others are double or triple rooms.

Facilities and Faculty

The University of Pittsburgh Medical Center is one of the nation's most renowned academic medical centers. UPHCSA students are privileged to meet with the professionals who develop health policy, conduct research, and deliver patient care. Many of the UPHCSA classrooms are situated in the medical center hospitals. A wide range of professionals volunteer their services as instructors and mentors at the UPHCSA. In addition, graduate school students lead the learning teams.

The University of Pittsburgh campus is urban, and the program rules are strict for the well being of participants. Students live in gender-separate quarters exclusive from other campus groups. Trained staff monitors curfews and residential life, while also serving as facilitators for projects and discussions.

Fees and Expenses:

Cost for the 2024 program is \$3500.

This fee includes tuition, housing, 19 meals per week, course materials, curriculum related social activities and field trips, for the duration of the four-week program. Optional social activities are not included in the fee. A non-refundable deposit of \$400 is included in the fee and will be due by April 1 with your signed acceptance forms.

We are currently working on securing a limited amount of money to assist applicants who are accepted to UPHCSA 2024 and who demonstrate financial need. If you cannot afford to attend the program and would like to apply for some scholarship funding, please ask your parent/guardian to sign on page 11 and download a Statement of Financial Need form from www.hcsa.pitt.edu. This statement must be submitted with the student application by February 23, 2024. Please note that scholarship funding is limited; there is no guarantee that students who apply for scholarship funding will receive it.

2024 UPHCSA Personal Data Form

PROCEDURES CHECKLIST

- TYPE OR CLEARLY PRINT ALL INFORMATION REQUESTED ON THIS PAGE IN DARK INK.
- COMPLETE Parts I, II, III and IV. Staple responses required in Part II to this form. Read and sign Part III. The parent/legal guardian must read and sign Part IV.
- Applications must be received at the University of Pittsburgh by February 23, 2024.
- Information: please email the director at pgshc@pitt.edu

PART I: Student Information

Intermediate Unit (Pennsylvania only) _____ Applicant's Current Grade Level _____

Student's Name _____ Male or Female
first middle last

Permanent Home Address _____
street or box number street or route city state zip

Home Telephone (_____) _____ Pennsylvania County _____

Name of High School _____ Public Non-Public

Name of School District in which you reside (even if you do not attend the public school) _____

Parent's or Legal Guardian's Full Name _____

Parent's or Legal Guardian's Home Address _____
(If different from above) *street or box # street or route city state zip*

Student's Date of Birth ____/____/____
month day year

Student email _____

Parent email _____

A. How did you learn about the University of Pittsburgh Health Career Scholars Academy?

- Counselor/teacher Program Alumni Newspaper Article Website Other _____

B. Describe your Community: _____ Rural/Small Town _____ Urban _____ Suburban

C. OPTIONAL: How do you identify yourself? Please check one below. This information is confidential and will be used for statistical accounting only.

- African American Asian Caucasian/White Hispanic/Latino
 Indian (Asian) Middle Eastern Native American Indian/Alaskan/Hawaiian
 Other _____

D. Is there a particular health care profession or area of health care in which you are interested? If so, please describe briefly: _____

PART II: UPHCSA Application

The following responses are required. Staple your work to this page. An application missing any part may be disqualified for incompleteness. These responses receive emphasis in the selection process. The selection criteria are available online at www.hcsa.pitt.edu.

A. NARRATIVE STATEMENT

- **Format:** Essay format, 2 page maximum, typed/word-processed, double-spaced, letter quality font no smaller than 12 points. Your name should appear at the top of the page. Title the essay “Narrative Statement.”
- **Prompt:** Introduce yourself to the selection committee. This statement should reveal your personality, work style, why you are interested in UPHCSA, special interest and experiences, and reveal your interest in a health care career.

B. EXTRACURRICULAR RESUME

- **Format:** Resume format, 2 page maximum, typed/word-processed, double-spaced, letter quality font no smaller than 12 points. Your name should appear at the top of each page.
- **Prompt:** List extracurricular activities, special study projects or activities in which you have been involved since entering high school, including school activities, community groups, service activities, employment, personal pursuits, special honors, and awards. Indicate dates of involvement, your role in the activity, and for what the honors/awards were bestowed.

C. CHIEF ESSAY

- **Format:** Essay format, 2 pages maximum, typed/word-processed, double-spaced, letter quality font no smaller than 12 points. Your name should appear at the top of each page. Title the first page with the theme of the essay. A third page may be added to list your sources. Only the sources may be on this page.
- **Sources:** Cite sources used to back up discussion of your topic.
- **Prompt: Choose ONE of the following essay themes, checking the box beside the theme selected.**
 - (1) Select a current issue related to health care. Explain your interest in the issue; discuss the problems, and possible approaches or solutions you recommend. You may select one topic from the suggestions below or one of your own choosing (the topic must be health care related).
 - ◆ Health Care Issues in My Local Community (identify one issue)
 - ◆ Ethics and Health Care
 - ◆ The Biggest Challenge Facing Health Care Professionals Today
 - (2) Select and discuss a national health care concern that also affects your local community. Provide evidence that this is a legitimate concern and propose a solution to address the the problem.

PART III: Applicant’s Statement and Signature

- *I certify that, to the best of my knowledge, all the information I have provided is accurate and that the work submitted is my own.*
- *I acknowledge that information about my selection to the University of Pittsburgh Health Career Scholars Academy and the projects I may develop there may be shared with the public.*
- *I understand that it is **my responsibility** to return this form and the required attachments **directly to the UPHCSA office by the February 23, 2024, due date.***

APPLICANT’S SIGNATURE _____ DATE _____

PART IV: Parent/Guardian’s Statement and Signature

- *I have reviewed the information on this form and give my permission for my child to proceed with the application procedures. I authorize my child’s school and its employees to release any information necessary for this application.*
- *If my child is selected to attend the University of Pittsburgh Health Career Scholars Academy, **I understand that there is a program fee of \$3500** that covers the cost of 19 meals per week, housing, tuition, course materials, curriculum related transportation and field trips during the four-week program. However, transportation to and from the University of Pittsburgh and dorm group social activities are not covered in the program fee.*

PARENT/GUARDIAN’S SIGNATURE _____ DATE _____

2024 UPHCSA Science Teacher Reference

Applicant's Name _____ Counselor _____
 High School _____ Current Grade Level _____
 Name of Teacher _____ Subject _____

PROCEDURES

- WHO MAY COMPLETE THIS FORM:** A teacher in any course considered "science," who has had the applicant in class or as an advisee, may complete this form. Applicants determine which teacher to ask. The applicant need not be studying with the reference at present; however, the student should be careful to choose someone who can best and most completely answer all questions on both sides of this form. *Parents or legal guardians may not complete forms for their children.*
- BOTH SIDES OF THIS FORM MUST BE COMPLETED FROM PARTS I THROUGH IV.** Using the criteria below, and on the next page (page 6), please evaluate the applicant in detail. The UPHCSA program is seeking evidence of mature and conscientious study; a commitment to examining complex issues related to health care delivery; the ability to apply analytical processes, research and technology; and the flexibility to work both independently and in cooperation with culturally diverse peers and adults.
- This form must be signed and dated on page 6 in part IV.
- Please complete this form and return it immediately to the student in a sealed/signed envelope. Students are required to submit the application in its entirety in one packet. The application is due to the UPHCSA office on February 23, 2024. The entire application must be submitted in one package.**
- The application will be disqualified if it is late or incomplete. **Recommendations received without the application will not be accepted.**

Part I

For each item below, please assess the applicant by assigning one of the following values:

A = Exceptional **B** = Above Average **C** = Average **D** = Below Average **E** = No Opportunity to Observe

- | | |
|----------------------------------|--------------------------------------|
| ___ Interest in health care | ___ Reaction to and use of criticism |
| ___ Initiative and independence | ___ Responsibility |
| ___ Written communication skills | ___ Active participation in class |
| ___ Oral expression | ___ Organizational Skills |
| ___ Listening Skills | ___ Ability to work in a team |
| ___ Tolerance of others | ___ Service to school & community |

Part II

How does the applicant compare in overall promise with other students with whom you have had contact in the last three years? **Please check one statement below:**

- Among the very best I have known
- Very good, but not the very best
- Average
- Below average

COMPLETE PARTS III AND IV ON PAGE 6.

PART III: Summary Comments

Please write a statement about this applicant’s strengths and weaknesses, explaining why you rated the applicant as you did in Parts I and II. Please cite examples of outstanding contributions, achievements, or challenges. Your response is important and will assist the selection committee in understanding if this student is ready for a sustained, intensive living/learning experience.

You may use the space below or staple a letter to this form. Please check here if you are attaching a letter:

PART IV: Recommendation

Please check one selection below to indicate your recommendation for the applicant for the University of Pittsburgh Health Career Scholars Academy:

- Highly recommended Recommended Recommended with reservations Not recommended

Signature _____ **Date** _____

Address _____

Email Address _____ **(print clearly)**

How long and in what capacity have you known the applicant? _____

2024 UPHCSA Activity Advisor/ Teacher Reference

Applicant's Name _____ Counselor _____
 High School _____ Current Grade Level _____
 Name of Teacher _____ Subject _____

PROCEDURES

1. **WHO MAY COMPLETE THIS FORM:** (a) The applicant's supervisor in a service or volunteer activity; (b) The applicant's supervisor/instructor in a hospital sponsored or other health care program; (c) A school advisor for an extracurricular activity in which the applicant is involved; (d) a health science or medical careers teacher; (e) **A TEACHER IN ANY FIELD OTHER THAN SCIENCE** may complete this form if none of the other options listed are feasible. Applicants determine which teacher to ask. The applicant need not be studying with the reference at present; however, the student should be careful to choose someone who can best and most completely answer all questions on both sides of this form. *Parents or legal guardians may not complete forms for their children.*
2. **BOTH SIDES OF THIS FORM MUST BE COMPLETED FROM PARTS I THROUGH IV.** Using the criteria below, and on the next page (page 8) please evaluate the applicant in detail. The UPHCSA program is seeking evidence of mature and conscientious study; a commitment to examining complex issues related to health care delivery; the ability to apply analytical processes, research and technology; and the flexibility to work both independently and in cooperation with culturally diverse peers and adults.
3. This form must be signed and dated on page 8 in Part IV.
4. **Please complete this form and return it immediately to the student in a signed/sealed envelope. Students are required to submit the application in its entirety in one packet. The application is due to UPHCSA office on February 23, 2024. The entire application must be submitted in one package.**
5. **The application will be disqualified if it is late or incomplete. Recommendations received without the application will not be accepted.**

Part I

For each item below, please assess the applicant by assigning one of the following values:

A = Exceptional **B** = Above Average **C** = Average **D** = Below Average **E** = No Opportunity to Observe

_____ Interest in health care	_____ Reaction to and use of criticism
_____ Initiative and independence	_____ Responsibility
_____ Written communication skills	_____ Active participation in class
_____ Oral expression	_____ Organizational Skills
_____ Listening Skills	_____ Ability to work in a team
_____ Tolerance of others	_____ Service to school & community

Part II

How does the applicant compare in overall promise with other students with whom you have had contact in the last three years? Please check one statement below:

- Among the very best I have known
- Very good, but not the very best
- Average
- Below average

COMPLETE PARTS III AND IV ON PAGE 8.

PART III: Summary Comments

Please write a statement about this applicant's strengths and weaknesses, explaining why you rated the applicant as you did in Parts I and II. Please cite examples of outstanding contributions, achievements, or challenges. Your response is important and will assist the selection committee in understanding if this student is ready for a sustained, intensive living/learning experience.

You may use the space below or staple a letter to this form. Please check here if you are attaching a letter:

PART IV: Recommendation

Please check one selection below to indicate your recommendation for the applicant for the University of Pittsburgh Health Career Scholars Academy.

Highly recommended Recommended Recommended with reservations Not recommended

Signature _____ Date _____

Address _____

Email Address _____ (print clearly)

How long and in what capacity have you known the applicant? _____

2024 UPHCSA School Counselor Recommendation Form

Applicant's Name: _____
High School _____
Counselor's Name _____
School Address _____

Intermediate Unit (PA only) _____
Applicant's Current Grade Level _____

INFORMATION: pgshc@pitt.edu

PART I: Procedures Checklist

- Required:** This applicant must be a current **sophomore or junior** and 15 years of age at time of application. *No other grade levels are eligible and minimum age requirement must be met.*
- Required:** Complete all sections of this form, Parts II – VII, filling in all information requested in Parts III and IV, even if it appears on the transcript. *Applications missing information may be disqualified for incompleteness.*
- Required:** Attach the applicant's **TRANSCRIPT and current grades** as requested in Part II.
- Optional but recommended:** Attach a LETTER, if you wish, in response to Part VII. Otherwise write in space provided.
- The application is due February 23, 2024.** Student is responsible for gathering all recommendations and mailing application to UPHCSA. Please provide this recommendation form, transcript, and current report card to the student in a sealed envelope. **Students are required to submit the application in its entirety in one packet, including letters of recommendation.** Further applications may be downloaded from www.hcsa.pitt.edu.

PART II: Transcript

- Attach the applicant's **transcript and current report card** to this form.

PART III: Attendance Record

- Number of absences in the last full academic year: _____
IMPORTANT: *If the number exceeds 10, please state reason(s) and whether the number has remained high this year.*
- Number of tardies in the last full academic year: _____
IMPORTANT: *If the number exceeds 5, please state reason(s) and whether the pattern of tardiness has changed in the current year.*

PART IV: Academic Scores and Standing

- Please complete the following information as thoroughly as possible, even if it appears on the transcript. *If there are no PSAT or SAT scores to report, please explain why:*

Required: Class size _____ Grade Point Average _____ Scale _____

Test Scores: PSATs: Reading and Writing _____ Math _____ Date _____

SATs: Reading and Writing _____ Math _____ Date _____

Other Tests (*Please define acronyms*):

Date _____ Test _____

Date _____ Test _____

Date _____ Test _____

PART V: Counselor's Recommendation

Please check one selection below to indicate your recommendation for the applicant for the University of Pittsburgh Health Career Scholars Academy:

Highly recommended Recommended Recommended with reservations Not recommended

PART VI: Counselor's Statement

Please comment on the applicant's special qualities, challenges, or problems of which the selection committee should be aware. You may attach a letter if necessary or use this space. Check this box if attaching a letter:

PART VII: Counselor's Signature

Signature _____ Date _____

Email address _____ Office Phone Number _____
(please print clearly)

Financial Assistance:

- ❑ Limited financial aid funds are available for students whose total family income falls within the federal guidelines. Please go to www.hcsa.pitt.edu, click on the Application tab to download a **Financial Need Statement** and federal income guideline chart. Please attach the completed Financial Need Statement to this application.

I understand that if my son/daughter is selected in to attend the program, a copy of my 2023 tax return will be required to be sent to the UPHCSA office by March 22, 2024, for verification before any scholarship funds are awarded. (You need not have filed the return yet.)

Check the box and have parent sign ONLY if financial assistance is requested.

Parent Signature _____ Date _____

APPLICANT RESPONSIBILITIES AND UNDERSTANDINGS

- ◆ **DO NOT WAIT UNTIL THE LAST WEEK TO COMPLETE THE APPLICATION.**
- ◆ **RETAIN A COPY OF THE APPLICATION FOR YOUR FILES.**
- ◆ **NOTIFY COUNSELOR AND TWO TEACHER REFERENCES OF INTENTION TO FILE APPLICATION WELL IN ADVANCE OF DEADLINE.** Discuss “pre” deadlines for completing work to send off completed application on time. Please ask your school counselor to attach a copy of your academic record in high school/secondary school to date. This should list the classes you have taken and your final grades.
- ◆ **REVIEW ALL FORMS BEFORE PROCEEDING WITH THE APPLICATION PROCESS.**
- ◆ **SUPERVISE COMPLETION:** The applicant is responsible for staying in communication with the counselor and teacher references to make sure the application is completed appropriately and sent off to UPHCSA by the postmark deadline.
- ◆ **REFRAIN FROM ADDING UNSOLICITED REFERENCES, RECOMMENDATIONS OR MATERIALS.** Send only those requested. Do not add newspaper clippings, photographs, research papers, certificates, or other unsolicited materials. Extraneous letters of recommendation, other than the two teacher references and the counselor’s recommendation, and other unsolicited materials will be removed from applications. The selection panel will not see them.
- ◆ **UNDERSTANDINGS:** The UPHCSA cannot provide individual assessments or grant appeals to the selection process. Furthermore, UPHCSA and the University of Pittsburgh are not responsible for late, lost, incorrectly addressed, incomplete or damaged applications.
- ◆ **KEEP A COPY OF YOUR APPLICATION (except recommendation letters which are in sealed envelopes).**

APPLICATION PROCEDURES

- **TEACHER REFERENCES:** Select one science teacher and one activity advisor/other teacher, as per guidelines on the respective forms, pages 5 – 6 and 7 – 8 of the application, to serve as references. Fill out the information lines on the tops of the forms and give them to teachers. After completing forms, teachers place references in sealed envelopes and return to student.
- **SCHOOL COUNSELOR RECOMMENDATION:** Fill out the information lines on the top of the form (page 9) and give the full form (pages 9 - 10) to the counselor. Counselor - please return pages 9-10 in sealed envelope to student.
- **PERSONAL DATA FORM:** Complete the information lines on page 3 of the application and respond to the prompts on page 4 (resume of extracurricular activities, narrative statement, and essay). Staple these responses to page 4 of the application.
- **STUDENT SUBMISSION:** **Student is responsible for submitting the entire application** (Personal Data Form, essays, resume, the two teacher references, the counselor’s information, the applicant’s transcript, and current report card) **in one packet** by the deadline.
- **STRONGLY RECOMMENDED:** The applicant may attach a SELF-ADDRESSED, STAMPED POSTCARD for the acknowledgment of the receipt of the UPHCSA application. If this has not been received three weeks after mailing the application, please email the Program Director at narkevickd@upmc.edu or pgshc@pitt.edu.

Application must be received no later than February 23, 2024

Our mailing address is:

**Ms. Karen Narkevic, Director
University of Pittsburgh Health Career Scholars Academy
Suite 300 Iroquois Building
3600 Forbes Avenue
Pittsburgh, PA 15213**

International students should contact Mrs. Narkevic at pgshc@pitt.edu or narkevickd@upmc.edu for information on submitting their application.