SATURDAY COLLEGE APPLICATION FORM
Sponsored by the Bureau of Health Professions U.S. Department of Health and Human Services,
Health Resources and Services Administration,
American Recovery and Reinvestment Act Health Professions Program and
Division of Health Careers Diversity and Development

Submit all documents to Chicago State University, Office of Prehealth Professions Programs,
Williams Science Center 221
9501 S. King Drive Chicago, IL 60628

SATURDAY COLLEGE (6th - 12th) - Deadline: September 15, 2010

Student Information

Application Date: _______________

Name: _____________________________________ Current Grade ______ Social Security: ___________________

Street Address: ________________________________________________________________ Apt. Number/Floor: _______________

City: ____________________________________ State: ________ Zip Code: ___________________________

School: __________________________________________ Email: ____________________________

Home Phone: ________________________________ Cell Phone: ____________________________

Gender: _____ Male ______ Female Date of Birth: ________________________ Age: _______

Ethnicity: O African American (non-Hispanic) O White (non-Hispanic) O Mexican American O Puerto Rican O Cuban
O Other Hispanic (please specify) ___________________ O African
O Native Hawaiian or Pacific Islander (please specify) ___________________ O Other ______________________
O US Citizen O Permanent Resident O Visa Number _____________________________

Parent/Guardian Information

Parent/Guardian Name: __________________________________________ Occupation: __________________________

Home Phone: ___________________ Cell Phone: ___________________ Email: ______________________________

Highest Education Level Completed: ___________________ Concentration_______________________________

Mailings should be addressed to: _____________________________________

Annual Gross Income:
O Less than $10,000 O $10,000 - $15,000 O $16,000-$20,000
O $21,000 - $25,000 O $26,000-$30,000 O $31,000-$35,000
O $36,000-$40,000 O $41,000-$45,000 O $46,000-$49,000
O $50,000 or higher

Emergency Contact Information

Emergency Contact: __________________________ Phone Number: __________________________

Relationship: __________________________

***Parents must provide the most recent grade report and/or school transcripts with this application.

Parent/Guardian Printed Name ___________________ Parent/Guardian Signature ___________________ Date ___________
Academic Record

School: _________________________________________________________________________________________

Counselor Name: ___________________________________________ Phone Number: _________________________

Current Grade Level: ________________________ Expected Year of Graduation: __________________

Desired Career Goals:_____________________________________________________________________________
________________________________________________________________________________________________

Community Involvement and Extracurricular Activities:

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Awards and Honors     Date Received
________________________________________________________________________________________________
________________________________________________________________________________________________
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Instructions for Personal Statement

On a separate sheet, please answer the following questions.

1) Why do you want to participate in Saturday College Program?

2) What are your career interests and why?

BE SURE TO COMPLETE AND SUBMIT THREE (3) RECOMMENDATION FORMS.
Chicago State University Saturday College
Participation Agreement, Media Release, Medical Treatment and Release of Liability
Please Read Carefully

I, ____________________________________, parent/guardian of ____________________________(participant name)

wish for my child to participate in the Chicago State University (hereinafter CSU) SATURDAY COLLEGE Program. My child will participate in various academic seminars, small group activities, lectures, hands-on projects and various field trips, including but not limited to, health professional schools, hospitals, clinics and health industries.

If at any time my child’s participation in the program is deemed detrimental to the program or its other participants, as determined by the discretion of program staff, I understand that he/she may be expelled from the program without CSU, or related affiliates, incurring any liability.

I authorize my child’s participation in media related activities associated with their involvement in SATURDAY COLLEGE.

I hereby consent to have my child photographed, video/audio taped and/or interviewed by CSU program staff, sponsors or news media while program is in session or under supervision of participating entities. I agree to hold harmless CSU (including, but not limited to, its trustees, employees, students acting as employees and representatives) from any and all demands, claims, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or caused by the use of my child on television, radio, motion pictures or in print medium. It is further understood that I do agree that NO MONIES or other considerations IN ANY FORM, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents or assigns at any time because of my child’s participation in any or above said activities.

I am fully informed or otherwise aware of, and fully assume, all risk to person and property in connection with my child’s participation in the CSU SATURDAY COLLEGE Program, including but not limited to property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient physical and mental health to participate in the program and does not have any physical or mental conditions, which could affect my child’s ability to participate in the program. I have medical insurance coverage appropriate for my child’s participation in the program and have provided emergency contact information with my child’s application.

I understand that if my child requires medical treatment while participating in the program, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for the child as may be deemed necessary under the circumstances, including, but not limited to, x-ray, examinations, surgery and anesthesia.

In return for my child’s participation in the SATURDAY COLLEGE Program, I fully and forever RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE, Chicago State University (including, but not limited to, its trustees, employees, students acting as employees and representatives) from any and all demands, claims, actions, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorney fees) from any causes whatsoever (including, but not limited to, travel delays, property damage and loss, bodily injuries, sickness, disease and death) directly or indirectly arising in connection with my child participation in the program, whether or not foreseeable or contributed to by the negligent acts or omissions of Chicago State University or others.

This agreement may not be modified, assigned or transferred. This agreement shall be governed by the laws of the State of Illinois. In the event any provision of this agreement is held enforceable, this will not affect any other provision and this agreement shall be construed as if the enforceable provision had not been incorporated in this document.

_______________________________________  __________________________________
Printed Name of Parent/Guardian Date              Signature of Parent/Guardian    Date

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Chicago State University  
SATURDAY COLLEGE 

Recommendation Form #1

Your Recommendation Form must be completed by a school teacher or guidance counselor. The form must be returned with your application to the Office of Prehealth Professions Programs.

Student Name: _________________________________________ School: __________________________________

School Address: _____________________________ School Phone Number: ________________________________

Teacher/Counselor Name: ____________________________ Teacher’s Signature: ____________________________

RATING SCALE

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1. Overall recommendation of the student for the Saturday College Program at CSU.

O Highest Recommendation  O Strongly Recommended  O Recommended as Satisfactory  
O Not Recommended    O Not Suitable at this time  O Insufficient Evidence to Evaluate

2. How well do you know the applicant?

3. If you would like to share additional comments, please use separate sheet.

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Student Name: ___________________________ School: ____________________________

School Address: ___________________________ School Phone Number: ____________________________

Teacher/Counselor Name: ___________________________ Teacher’s Signature: ____________________________

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**Questions and Comments**

1. Overall recommendation of the student for the Saturday College Program at CSU.

   - O Highest Recommendation
   - O Strongly Recommended
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   - O Not Recommended
   - O Not Suitable at this time
   - O Insufficient Evidence to Evaluate

2. How well do you know the applicant?

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Recommendation Form #3

Your Recommendation Form must be completed by a school teacher or guidance counselor. The form must be returned with your application to the Office of Prehealth Professions Programs.

Student Name: _________________________________________ School: __________________________________

School Address: _____________________________ School Phone Number: ________________________________

Teacher/Counselor Name: ____________________________

Teacher’s Signature: ____________________________

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