CHICAGO STATE UNIVERSITY
SATURDAY COLLEGE
PROGRAM
2009

Sponsored by the Bureau of Health Profession 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
Chicago State University Office of Prehealth Professions and The University of Illinois School of Public Health
SATURDAY COLLEGE APPLICATION FORM
Submit all documents to the Office of Prehealth Professions Programs, Williams Science Center 221
9501 S. King Drive Chicago, IL 60628.

SATURDAY COLLEGE (6th-12th)
Deadline: September 18, 2009

Student Information
Application Date: _________________

Name: _______________________________________________ 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 Other ______________________
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: _________________________________

File Release
I hereby give permission for Chicago State University and its affiliates to request my child(ren)'s transcripts,
test scores and/or grades from the school he/she attends.

_________________________________            ________________________________________
Parent/Guardian Printed Name         Date 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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<tr>
<th>Activity</th>
<th>Hours per Week</th>
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Awards and Honors

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<tr>
<th>Awards and Honors</th>
<th>Date Received</th>
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Instructions for Personal Statement

On a separate form, please answer the following questions. (Typed or Print)

1) Why would you be a good candidate to participate in the Saturday College Program?

2) What are your career interests and why?

BE SURE TO COMPLETE AND SUBMIT 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/UIC School of Public Health (herein after CSU and UIC SPH) 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, UIC SPH 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, vide/audio taped and/or interviewed by CSU program staff, sponsors or news media while the program is in session or under supervision of participating entities. I agree to hold harmless CSU/UIC SPH (including, but not limited to, it's 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 no 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, CSU/UIC SPH (including, but not limited to, it's 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
Chicago State University
SATURDAY COLLEGE

Recommendation Form

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: ___________________________________________________________

RATING SCALE

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<thead>
<tr>
<th>Categories</th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>No Opinion</th>
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<tbody>
<tr>
<td>Critical Thinking Ability</td>
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<td>Motivation</td>
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<td>Oral Expression</td>
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<td>Written Expression</td>
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<tr>
<td>Empathy, Ability to work with others</td>
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<td>Self Confidence</td>
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<td>Emotional Stability, Behavior under pressure</td>
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<td>Maturity</td>
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<td>Poise, General Appearance</td>
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<td>Attendance</td>
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<td>Punctuality</td>
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<td>Leadership Skills</td>
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Questions and Comments

1. How well do you know the applicant? (use separate sheet).

2. 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

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