

SATURDAY COLLEGE APPLICATION FORM

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

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 16, 2011

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: Hispanic/ Latino Not Hispanic/ Not Latino Hispanic (please specify) _____

Race: African American White African Native Hawaiian or Pacific Islander (please specify) _____
 Other _____

US Citizen Permanent Resident Others/Specify _____

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,000 - \$15,000 | <input type="checkbox"/> \$16,000 - \$20,000 |
| <input type="checkbox"/> \$21,000 - \$25,000 | <input type="checkbox"/> \$26,000 - \$30,000 | <input type="checkbox"/> \$31,000 - \$35,000 |
| <input type="checkbox"/> \$36,000 - \$40,000 | <input type="checkbox"/> \$41,000 - \$45,000 | <input type="checkbox"/> \$46,000 - \$49,000 |
| <input type="checkbox"/> \$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

**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 (herein after 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. You and/or your child may be contacted in the future to provide us your child's GPA and related academic information. This is to determine the academic progress of your child and provide support.

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, 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 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, 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

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**Chicago State University
SATURDAY COLLEGE 2011-2012**

Recommendation Form #1

DATE: _____

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

Categories	Superior	Good	Average	Poor	No Opinion
Critical Thinking Ability					
Motivation					
Oral Expression					
Written Expression					
Empathy, Ability to work with others					
Self Confidence					
Emotional Stability, Behavior under pressure					
Maturity					
Poise, General Appearance					
Reliability					
Breadth of Intellectual Interests					
Leadership Skills					

Questions and Comments

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

- Highest Recommendation**
 Strongly Recommended
 Recommended as Satisfactory
 Not Recommended
 Not Suitable at this time
 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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**Chicago State University
SATURDAY COLLEGE 2011-2012**

Recommendation Form #2

DATE: _____

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

Categories	Superior	Good	Average	Poor	No Opinion
Critical Thinking Ability					
Motivation					
Oral Expression					
Written Expression					
Empathy, Ability to work with others					
Self Confidence					
Emotional Stability, Behavior under pressure					
Maturity					
Poise, General Appearance					
Reliability					
Breadth of Intellectual Interests					
Leadership Skills					

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SATURDAY COLLEGE 2011-2012**

Recommendation Form #3

DATE: _____

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

Categories	Superior	Good	Average	Poor	No Opinion
Critical Thinking Ability					
Motivation					
Oral Expression					
Written Expression					
Empathy, Ability to work with others					
Self Confidence					
Emotional Stability, Behavior under pressure					
Maturity					
Poise, General Appearance					
Reliability					
Breadth of Intellectual Interests					
Leadership Skills					

Questions and Comments

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