# Application

**School Year 2020-2021 (September-April)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Will you be a junior for the academic year 2020-2021? Y/N**

**Circle: Male/Female Race (optional): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What size shirt do you wear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you had a flu vaccine this season? Y/N**

**Do you have a latex allergy (please circle): Y/N If yes, what happens: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list an emergency contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Application Requirements

### 1. Freeman Health Academy Application (fully completed).

1. **One academic reference MUST be completed per applicant. The academic reference must be completed by a school counselor or teacher.**
2. **Students must have a 3.5 GPA or higher to be chosen as a participant in the Freeman Health Academy.**
3. **Essay: In a paragraph, describe why the Freeman Health Academy would benefit your career goals. Also, identify what areas of the healthcare profession interests you. Please type your response, print and attach to application.**

***Due to seat limitations, students must submit their applications, no later than***

 ***May 29, 2020***

**Please mail or deliver the completed documents to: *Freeman Health System-Professional Development Department at East Campus 932 E. 34th Street, Joplin, MO 64804. The Professional Development Department is located on the second floor of Freeman East Campus across the hall from Radiology.***

***If you have any questions about the application or application process, please contact Kassie Acuff, MSN, Clinical Student Specialist at 417.347.2554 or*** ***klacuff@freemanhealth.com******.***

# Academic Reference

**School Year 2020–2021 (September – April)**

To be completed by a school counselor or teacher of applicant.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s attendance record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/title of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship to the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe this student’s character? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recommend this student for the program? If yes, why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the most appropriate box regarding applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** |
| Punctuality |  |  |  |  |
| Attitude |  |  |  |  |
| Reliability |  |  |  |  |
| Ability to work with others |  |  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the Freeman Health Academy?**

The Freeman Health Academy provides local students the opportunity to have an introduction to the healthcare profession. To better serve our local students seeking out careers in healthcare, Freeman Health Academy has been reconstructed. Please see new guidelines and requirements below.

**Who is eligible to participate in the Freeman Health Academy Program?**

In order to be eligible for selection to participate in the Freeman Health Academy, students must complete the application in full, turn in a completed academic reference (to be completed by teacher/counselor) and turn in the required essay.

Students must have a 95% or better attendance record and no disciplinary actions in the year prior to applying to be a participant in the program.

Students must also have and maintain a GPA of 3.5 or higher, which has to be verified by the applicant’s counselor.

**What will be offered in the Freeman Health Academy Program?**

Classes will begin in September 2020. There will be one in-class session a month at the Freeman East Campus. In these classes different educational topics will be provided to the participants.

In conjunction with classes, students will also have the opportunity to job shadow in various units throughout the facility. Job shadow opportunities are provided each month to participants who attend the in-class sessions and uphold the requirements of the program. Job shadowing is a chance for applicants to work alongside unit staff and see the everyday operation of various departments within the facility.

Hands-on labs at Freeman will also be offered for participants. Topics for labs include (but are not limited to) dissections, CPR, blood draws, starting IVs, vital signs and assessment techniques.

**Who do I need to contact about getting an application for the Freeman Health Academy Program?**

High school counselors will have copies of the Freeman Health Academy applications along with this FAQs sheet to assist you in your application process.

Once your application is completed, you may turn it in to your counselor to return back to Freeman Health System. You may also mail or deliver the completed application to Freeman Health System **–** Professional Development Department as outlined on the application form.

Incomplete applications will NOT be reviewed during the selection process.

**When will I know if I am accepted as a participant in the Freeman Health Academy?**

A letter of your acceptance will be sent to the address provided on the application. An orientation date will be provided in this letter. If you fail to attend the orientation day, you forfeit your spot as a participant in the Freeman Health Academy Program.

**Do I need to wear something specific to the Freeman Health Academy classes, labs and job shadow days?**

Yes. On the orientation day you will need to be dressed in business casual attire. At orientation, you will be provided a polo shirt that is to be worn at all future events (classes, labs and job shadow days). You MUST wear khaki colored pants with your polo shirt and closed-toed shoes to all events after orientation.

**Just a REMINDER…**If you are to job shadow during the flu season and you did not have your flu vaccine, you **WILL** be required to wear a mask, per hospital policy.

**Student selection into the Freeman Health Academy Program:**

Students must complete the application in full, provide a completed academic reference (which must be completed by a school counselor/teacher) and complete the required essay for participant selection.

Students must have no disciplinary actions the year prior to applying to be a participant in the program.

Students must have a 95% or better attendance record in the year prior to applying to be a participant in the program.

Students must have and maintain a GPA of 3.5 or higher.

Selection is based on academic reference and the essay discussing applicant’s interests in healthcare and how the Freeman Health Academy would be beneficial for future career plans.

Educators serving in the Professional Development department at Freeman Health System, select which applicants are accepted.

Selected applicants will be notified via mail with further instructions on an orientation day.

**Seats are limited. APPLY TODAY!**