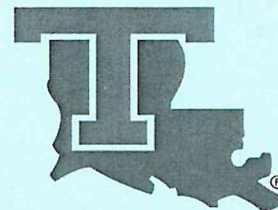


M*A*S*H 2020

MEDICAL APPLICATIONS OF SCIENCE FOR HEALTH



M*A*S*H is a summer program held on the campuses of Louisiana Tech and Bossier Parish Community College (BPCC) which offers 11-12 grade high school students, and incoming college freshmen interested in health careers an opportunity to learn how the basic sciences taught in high school relate to medical theories, diagnosis, careers and treatments through lab exercises and lectures. The program is designed for students with career goals and a commitment to their academic work. Students are expected to study, take tests and perform at their highest academic level. Students who successfully complete the program will earn college credit.

Eligibility requirements: 3.0 GPA or higher, at least 21 ACT composite score, completed high school biology, physics, or chemistry classes, and prior participation in one BNAHEC program.

These intense college-level classes are condensed into a 12-day Pathophysiology course (ALHT 206) at BPCC under the direction of the Allied Health Sciences Department or Introduction to Medical Professions (ANS 289C) at LA TECH under the direction of the Department of Applied and Natural Sciences.

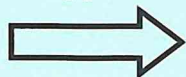
Students are required to commute to class throughout the duration of the program in June. Participants enjoy interacting with faculty, staff, and students as well as experience limited campus life activities.

Completed application packet **MUST** include:

- Completed Bayou North AHEC application (opposite side)
- Complete LA TECH or BPCC admissions application
- Prior completion of at least (1) Bayou North AHEC program (AHEC of a Summer, Day with Doctors, Day with AHEC)
- One letter of recommendation from your teacher, counselor, or high school principal
- Copy of your most recent transcript verifying 3.0 GPA
- Copy of your ACT scores (at least a 21 ACT composite score)
- Personal essay explaining why you should be selected to participate and what you hope to gain (250 words or less TYPED)

Completed
Application must be
postmarked no later
than March 2, 2020

Mail completed application
packet to:



4864 Jackson Street
Monroe, LA 71202
Phone: 318-330-7700
Fax: 318-330-7709

TURN OVER TO COMPLETE YOUR APPLICATION

M*A*S*H 2020

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED IN ORDER TO BE CONSIDERED

Social Security #: _____ - _____ - _____ Date of Birth ____/____/____ Gender : Male Female

First Name: _____ Middle Name: _____ Last Name: _____

Ethnicity: Afr. American Am. Indian Asian Caucasian (White) Hispanic Other: _____

Mailing Address: _____ City: _____ State: _____ Zip : _____

Physical Address: _____ City: _____ State: _____ Zip : _____

Home Parish: _____ Home Phone : (____) _____ - _____ Student Cell Phone: (____) _____ - _____

Student Email: _____ Parent Cell Phone: (____) _____ - _____

Parents Name: _____

High School: _____ Graduation Year: _____ Current Grade: _____

Cumulative GPA (must be at least a 3.0): _____ Composite ACT Score (must be at least a 19): _____

Have you participated in and completed any of the following programs:

AHEC of a Summer Day with Doctors Day with AHEC

List any health careers you are currently interested in: _____

T-Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

MEDICAL INFORMATION:

Please list any medical conditions:

Please list any medication for the corresponding medical conditions:

Does the student have an allergy to latex: Yes No Does the student have any dietary restrictions: Yes No

Does the student require special assistance: Yes No Explain: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Insurance Company: _____ Policy #: _____

Group #: _____ Phone #: (____) _____ - _____

**** Due to the potential risk of harm to the unborn fetus, pregnant females will not be allowed to participate in this program. If you are or believe you may be pregnant, please notify BNAHEC immediately. ****

In case of a serious illness, I hereby authorize hospital officials to make whatever arrangements necessary and to contact me immediately. I understand that it remains my responsibility to make any future changes in the information on this medical form as the need arises, by contacting Bayou North AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Bayou North AHEC, Louisiana Tech, nor Bossier Parish Community College assume responsibility for medical charges.

As the parent or guardian of the aforementioned student, I give my child permission to apply for the Medical Applications of Science for Health (M*A*S*H) program. Signing below also authorizes Bayou North AHEC the use of my child's image and statements; uses include, but are not limited to: photography, videotape, organizational web site, or print media. Additionally, I grant Bayou North AHEC permission to use my child's personally identifiable information for the purposes of federal, state and grant tracking and reporting.

Student Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____