HEALTH CARE SUMMER INSTITUTE

**Summer 2018**

1. **STUDENT’S INFORMATION:**

**DEMOGRAPHICS**

(Print legibly or Type)

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

Student’s Name (Last, First and Middle Initial) Social Security Number Date of Birth (mm/dd/yyyy)

(Needed to create UFID)

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Street Address/P.O. Box, City, State and Zip Code

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender *(Check)*: Male Female Current Grade: \_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_

Geographic Location (circle one): **Rural** (of or relating to the country, country people or life, or agriculture) **Urban (**of, relating to, characteristic of, or constituting a city)

**Suburban (a:** an outlying part of a city or town **b:** a smaller community adjacent to or within commuting distance of a city **c:** the residential area on the outskirts of a city or large town)

You **CANNOT** have any other obligations such as online classes or activities while attending the HCSI. You understand and agree that if accepted, you will **NOT** participate in any other such obligation while attending the HCSI.

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

Student Signature Parent/Guardian Signature

**II. SCHOOL**

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

Name of High School Currently Attending County Phone

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

Address City State Zip Code

**III. CAREERS INTERESTS:**

Please rank in order your top three areas of health career interests using the following scale:

**1 = greatest interest 2 = second greatest interest 3 = third greatest interest**

\_\_\_\_\_Dentist \_\_\_\_\_Occupational Therapist \_\_\_\_\_Physician/Doctor \_\_\_\_\_Rehabilitation Therapist

\_\_\_\_\_Hospital Administration \_\_\_\_\_Pharmacy \_\_\_\_\_Psychologist \_\_\_\_\_Science Researcher

\_\_\_\_\_Nurse \_\_\_\_\_Physical Therapist \_\_\_\_\_Public Health \_\_\_\_\_Veterinarian

\_\_\_\_\_Nutritionist \_\_\_\_\_Physician Assistant

\_\_\_\_\_Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. ACADEMIC:**

Unweighted GPA: \_\_\_\_\_\_\_\_ you **must provide a copy of your OFFICIAL\* transcripts with seal (no report card)**

**\*Request from your guidance counselor**

**V. EXTRACURRICULAR ACTIVITIES:**

**Please list any clubs or organizations you participate in:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any community activities and volunteer experience that you have participated in:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Do you need any accommodations, e.g. physical? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VI. APPLICANT’S PERSONAL STATEMENT ESSAY**

Please write an essay that explains why you should be selected to attend the Heath Career Summer Institute. Include in your essay your interest in pursuing a health profession, career aspirations, work/volunteer experience and other information that you would like the admissions committee to consider when viewing your application. Essays should be attached on a separate sheet of paper and should be typed, double spaced and in 12-point font. Essay should be approximately 300 words in length. **Handwritten essays will NOT be accepted. Please be sure to answer each of the**

**following questions within your essay.**

1. Why do you want to attend the Health Care Summer Institute?
2. What volunteer experience have you had with health care?
3. What are your current thoughts about attending college?
4. What is your current career goal(s) and why?
5. If you were selected, what would be your expectation of the Health Care Summer Institute, and how will this experience help you to achieve your career goals?

**I. PARENT/GUARDIAN INFORMATION:**

**PARENT/GUARDIAN 1 PARENT/GUARDIAN 2**

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

Name Relationship to the student (Mom, Dad) Name Relationship to the student (Mom, Dad)

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

Street Address/P.O. Box, City State and Zip Code Street Address/P.O. Box, City State and Zip Code

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/ Cell Cell/Work Home/ Cell Cell/Work

Student lives with the above person Y\_\_\_ N\_\_\_\_ Student lives with the above person Y\_\_\_ N\_\_\_\_\_\_

**PARENT/GUARDIAN 1 PARENT/GUARDIAN 2**

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

Occupation Occupation

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

Employer Employer

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

Level of Education Level of Education

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

Annual Income Annual Income

**II. CERTIFICATION OF APPLICATION (required)**

**If accepted**, you will be asked to sign a **Contract *of Intent*** and submit a **non-refundable $50.00** **money order**, along with all other required documentation, in order for your child to participate in this program.

I grant permission for my son/daughter to apply to the *Health Care Summer Institute* (a four week residential summer camp at the University of Florida in Gainesville).

I hereby affirm that all information submitted in this application is true and accurate to the best of my knowledge. I understand that falsifying information on this application will result in my being disqualified from the application process.

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

Applicant Signature Date

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

Parent/Guardian Signature Date

**2016 HEALTH CARE SUMMER INSTITUTE**

**VII. HIGH SCHOOL TEACHER’S RECOMMENDATION:**

**Teacher**: Please complete recommendation form, **sign over sealed envelope** and return to student

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

**Student’s Name (Last, First, Middle Initial)**

You have been selected as a reference by a student who is completing an application to attend the Health Care Summer Institute. This is a four week residential camp for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The camp provides shadowing opportunities, information on various health careers, an SAT preparatory course and social activities. You input is very important to us as space for this camp is limited. Please complete this form and return it to the students for submission with his/her application.

**Teacher’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please rate the student in the following areas:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Above Average | Average | Fair | Poor |
| Promptness/Attendance |  |  |  |  |  |
| Group Participation |  |  |  |  |  |
| Character |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Conduct |  |  |  |  |  |
| Effort/Initiative |  |  |  |  |  |

Please comment on this student’s interest to pursue post-secondary education.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Please comment on this student’s ability and willingness to follow rules.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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What is your overall assessment of this student as a candidate for the Health Care Summer Institute?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

Signature (Teacher) Printed Name (Teacher) Date

**2016 HEALTH CARE SUMMER INSTITUTE**

**VIII. SECOND LETTER OF RECOMMENDATION:**

**From: Community Leader, Academic Advisor or Employer**

Please complete recommendation form, **sign over sealed envelope** and return to student

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

**Student’s Name (Last, First, Middle Initial)**

You have been selected as a reference by a student who is completing an application to attend the Health Care Summer Institute. This is a four week residential camp for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The camp provides shadowing opportunities, information on various health careers, an SAT preparatory course and social activities. You input is very important to us as space for this camp is limited. Please complete this form and return it to the students for submission with his/her application.

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please rate the student in the following areas:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Above Average | Average | Fair | Poor |
| Promptness/Attendance |  |  |  |  |  |
| Group Participation |  |  |  |  |  |
| Character |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Conduct |  |  |  |  |  |
| Effort/Initiative |  |  |  |  |  |

Please comment on this student’s interest to pursue post-secondary education.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Please comment on this student’s ability and willingness to follow rules.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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What is your overall assessment of this student as a candidate for Health Care Summer Institute?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

Signature Printed Name Date

**Note: If accepted, you will need to provide the following:**

1. **Proof of Immunizations (including)**
2. **Tdap**
3. **MMR (two doses)**
4. **Varicella (two doses)**
5. **Hepatitis B (three doses)**
6. **Menactra (one dose)**
7. **PPD (must be less than 1 year old from the start date of the institute)**
8. **Medical Insurance**

**Part of the Health Care Summer Institute involves Shadowing. Shadowing involves being with patients and healthcare professionals. Therefore, you will need to bring professional clothing for the time you will be involved with patients. Please see the dress code below. This is mandatory, no exceptions!**

**Professional Attire**

* **Dresses with sleeves (if sleeveless, need to wear a jacket).**
* **Long pants or skirts**
* **Shirts or Blouses; (no spaghetti straps, halter tops, tank top or see-through).**
* **Undergarments should not be visible.**
* **Closed-toe shoes, preferably a black or brown dress shoe (no sneakers).**
* **Shoes should be comfortable, since students will be standing for long periods and walking.**
* **Mini-dresses, mini-skirts or crop pants are not allowed for shadowing.**

Dress code for all other scheduled HCSI activities

**Males:**   
***Shirts:*** can be either with or without a collar, as long as they are neat and do not contain any offensive language or pictures. No sleeveless or muscle shirts allowed. No athletic jerseys.

***Pants:*** should be neat, worn at the waist with or without a belt. No holes or frayed edges.

***Shorts:*** must be worn at the waist, with or without a belt. No running or athletic wear allowed. No holes or frayed edges.

**Females**  
***Shirts:*** With or without a collar, as long as they are neat and do not contain any offensive language or pictures. NO sleeveless, spaghetti straps, strapless tops, or see through are allowed. NO midriffs should be shown whether you are sitting, standing or reaching. Neck lines should not show cleavage whether you are sitting standing, bending or reaching.

***Shorts:*** Should be walking or Bermuda shorts in length. No more than 2 inches above the knee. Capri’s are welcome. They shall not be tight or form fitting. NO spandex, running, volleyball or cheerleader type shorts are appropriate.

***Dresses:*** no strapless, low cut, see through are allowed. Dresses should not be more than two inches above the knee.

***Shoes:*** Closed toe shoes are preferred. Sandals are allowed. No flip flops, slides or beach wear, or bedroom shoes allowed.

*Most of your classes will be in air conditioning buildings which tend to run cool. T-shirts and jeans are appropriate as long as they do not have any holes or frayed edges*

**Please return your Completed Application\* and all attachments to:**

University of Florida College of Medicine

Office for Diversity and Health Equity

Attention: Health Care Summer Institute

P.O. Box 100202

Gainesville, Florida 32610-0202

\* **ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**

**Please indicate your t-shirt size: (see chart below) \_\_\_\_\_\_\_\_**

**size Men women**

small 34-36 6-8

medium 38-40 10-12

large 42-44 14-16

x-large 46-48 18-20

2x 50-52 22-24