

AETNA HPPI ACADEMY PROGRAMS APPLICATION



The Aetna Health Professions Partnership Initiative Academy

Sponsored By:

University of Connecticut Health Center

Department of Health Career Opportunity Programs

Aetna Health Professions Partnership Initiative (Aetna HPPI)

Please indicate the program you are applying to:

- **Jumpstart 9th**
- **Jumpstart 10th**
- **Junior Doctors Academy**
- **Senior Doctors Academy**

APPLICATION CHECKLIST

(Please keep a copy of this application for your records)

- ____ **Completed Application**
(all applications must be signed by parent/guardian)
- ____ **Transcript (Official)**
- ____ **Connecticut Mastery Test (CMT) Scores**
- ____ **Personal Essay**
- ____ **Two Teacher Recommendations**
(Must be one math teacher and one science teacher)
- ____ **Financial Verification**
(Must be Federal Income Tax Form or State Agency Letter Summarizing Benefits)
- ____ **Copy of Insurance Card**

The Aetna HPPI Academy Programs Application

WHAT IS THE AETNA HPPI ACADEMY PROGRAMS?

- It is designed for students from 9th through 12th grade.
- It is a six-week enrichment program for students enrolled in Greater Hartford area high schools with priority given to students enrolled in Hartford Public Schools.
- Provides enrichment experiences both in and outside of the classroom.
- Provides classes in language arts, math, science, and career and college awareness preparation, integrating CAPT strategies and support across the curriculum.
- Provides assessments and evaluations throughout student's affiliation with the Aetna HPPI Academy Programs. The program includes pre, mid, and post testing of students; student and parental surveys; mid and final progress reports; etc.
- Sponsors 20 Saturday Academies during the academic year where students can continue to strengthen their academic skills and college preparation, as well as, exposure to careers in the health professions.

Parent/Guardian Orientation Workshops are held for all students participating in the Jumpstart Program.

HOW DO I APPLY FOR THE AETNA HPPI ACADEMY PROGRAMS?

1. Be a rising freshman, sophomore, junior, or senior in high school.
2. Have a B- average or better.
3. Submit an essay.
4. Provide two letters of recommendation from a science and math teacher.
5. Have an official transcript submitted from each high school attended.
6. Submit a completed [application](#) (Word doc) available from your counselor, this web site, or by [email](#).

All applicants will be interviewed prior to being selected into the Academy Programs.

WHAT ABOUT TRANSPORTATION?

Transportation will be provided for Hartford area students only.

ARE THERE COSTS?

There is no cost associated with this exciting program.

WHEN AND WHERE?

The six week summer program is held at the University of Connecticut Greater Hartford Campus, 1800 Asylum Avenue, West Hartford, 8:00a.m. – 2:30p.m., Monday-Friday with no session on the 4th of July (holiday observance).

Daily breakfast and lunch will be provided to students.

The academic year program will also be held at the University of Connecticut Greater Hartford Campus, 8:00a.m. – 2:30p.m. on specific Saturdays during the academic school year.

IMPORTANT DATES

- April 27, 2012: Postmark date for all applications
- June 18, 2012: First day of program
- July 27, 2012: Last day of program

FOR ADDITIONAL INFORMATION PLEASE CONTACT:

Keith Carter, M.H.R.	or	Marlyn Davila, M.S.W.
Phone: (860) 679-8031		Phone: (860) 679-4522
Fax: (860) 679-7223		Fax: (860) 679-7223
Email: kecarter@uchc.edu		Email: davila@uchc.edu

Department of Health Career Opportunity Programs
University of Connecticut Health Center
263 Farmington Avenue, MC 3920
Farmington, Connecticut 06030-3920

Funding for all Aetna HPPI Academy programs is provided in part through grants by the Aetna Foundation and the Department of Higher Education whose support is gratefully appreciated.

WHERE SHOULD I RETURN MY APPLICATION?

Applications should be returned to:

Kellee R. Nanfito
Health Career Opportunity Programs
University of Connecticut Health Center
263 Farmington Avenue, MC 3920
Farmington, Connecticut 06030-3920
Fax: (860) 679-7223
nanfito@uchc.edu

**Personal information must be completed by applicant
(please type or print using ink legibly)**

1. NAME: _____
FIRST NAME MIDDLE NAME LAST NAME

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____
(REQUIRED)

U.S. CITIZEN U.S. PERMANENT RESIDENT OTHER (SPECIFY) _____

2. LEGAL RESIDENCE: _____
STREET/APARTMENT/PO BOX

_____ CITY STATE ZIP CODE

3. _____ HOME TELEPHONE NUMBER 4. _____ E-MAIL ADDRESS (MOST FREQUENTLY USED)

5. _____ NAME OF SCHOOL 6. _____ GRADE

Family Information

(All questions in this section must be answered completely)

[PLEASE NOTE*](#) IN ORDER TO BE CONSIDERED FOR ANY AETNA HPPI ACADEMY PROGRAMS, [STUDENTS MUST BE U.S. CITIZENS OR PERMANENT RESIDENTS AND MUST INCLUDE FINANCIAL DOCUMENTATION OF FAMILY INCOME.](#)

FINANCIAL DOCUMENTATION CAN BE ONE OF THE FOLLOWING:

1. FEDERAL 1040 INCOME TAX FORM (NOT W-2 FORMS)
2. STATE AGENCY LETTER SUMMARIZING BENEFITS (AFDC, DISABILITY, OR SSI)

For Statistical Purposes only: (ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED COMPLETELY)

Gender: Male Female

Ethnicity: African American/West Indian Caucasian Native American/Alaskan Native Mexican American/Chicano
 Puerto Rican Native Hawaiian Asian/Pacific Islander (specify) _____
 Other (specify) _____

FAMILY SIZE: _____ FAMILY TAXABLE INCOME: _____ (per Federal Tax form or equivalent you are claimed on)

Household Income Level: Please check one: <\$20,800 \$20,801-\$35,200 \$35,201-\$42,400 \$42,401-\$49,600
 \$49,601-\$57,800 \$57,801-\$64,000 \$64,001-\$71,200 \$71,201 or greater

PARENTS MARITAL STATUS: Married Single Widowed Divorced Separated

Student Lives With: Mother and Father Father Only Mother Only Natural & Step parent
 Grandparent(s) Other Relative(s) Legal Guardian(s) Foster Parent(s) State Guardianship

Father's Name: _____ Occupation: _____
Father's Education: Less than/Partial High School High School graduate Some college
 Associate's degree BA/BS degree Graduate school Professional school (specify) _____

Mother's Name: _____ Occupation: _____
Mother's Education: Less than/Partial High School High School graduate Some college
 Associate's degree BA/BS degree Graduate school Professional school (specify) _____

Will the applicant be the First in your Immediate Family to Earn a College Degree? Yes No

PARENTAL PERMISSION

I intend to have my child, _____ participate in the Aetna HPPI Academy Programs. I understand that acceptance into the Aetna HPPI Academy Programs requires participation in activities as outlined in the program description and/or schedule. I further understand that acceptance may include participation in field trips and other activities that may require travel to different locations. By signing below I understand that I am granting my child permission to attend these functions. I am also granting permission for my child to be transported to each individual event/activity by approved transportation.

I grant the Aetna Health Professions Partnership Initiative Academy Programs permission to reproduce in publications and/or via the internet any photos taken of my child while participating in program activities.

Please circle if you are parent or guardian and sign

Please Print Name _____

Parent/Guardian's Signature _____ **Date:** _____

FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

I hereby consent to the disclosure of student information records maintained by the Department of Health Career opportunity Programs (HCOP) and/or the schools. This information will be maintained in a confidential manner and will be used only for the purposes of the Department of Health Career Opportunity Programs' evaluation. Use is consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other state or federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time.

Student's Signature _____ **Date:** _____

Please Print Name _____

Parent/Guardian's Signature _____ **Date:** _____

Parent/Guardian

I certify that the information submitted in this application is complete and true to the best of my knowledge.

Please Print Name _____

Parent/Guardian's Signature _____ **Date:** _____

Attention Guidance Counselors

Please return all completed documents along with this application to:

Kellee R. Nanfito
Health Career Opportunity Programs
University of Connecticut Health Center
263 Farmington Avenue, MC 3920
Farmington, Connecticut 06030-3920
Fax: (860) 679-7223
nanfito@uchc.edu

ESSAY: Please tell us why you want to participate in the Aetna Health Professions Partnership Initiative Academy Programs. Ensure to include in your explanation why you enjoy math and science. Please limit your essay to no less than 350 words and not to exceed 500 words.

Student's Signature

Date



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STUDENT RECOMMENDATION FORM

Name of Student: _____

The University of Connecticut Health Center, Department of Health Career Opportunity Programs is committed to raising early awareness among underrepresented and economically disadvantage students interested in careers in the health professions.

This program is for highly motivated students with a strong commitment to Science and Mathematics.

Your evaluation of this student's ability to participate in a rigorous program is appreciated.
Please answer all the questions to the best of your ability.

Evaluation Categories	Superior	Above Average	Average	Below Average	No Knowledge
Interest in Science & Mathematics					
Self-Motivation					
Ability to grasp new ideas					
Attitude toward school & education					
Maturity					
Academic ability					
Potential to succeed academically					
Willingness to work hard					
Personal integrity & honesty					
Commitment towards academic achievement					

Do you feel the candidate will benefit from the Aetna HPPI Academy programs? Please initial all that apply.

- Yes, I do feel this candidate will benefit from this program and others like it. _____
- Yes, I do feel this candidate will benefit from this program but with additional assistance. _____
- Yes, I believe the candidate would not make it to college without such programs. _____
- No, I do not feel this program will benefit this candidate. Please explain why. _____

Please use the reverse side of this page or a separate sheet for any additional comments or information you may wish to share.

Teacher's Name _____ School _____

What subject do you teach? _____ Phone _____

Teacher's E-mail _____

Teacher's Signature _____ Date _____

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