



NEXT GENERATION OF HEALTH CARE PROFESSIONALS
GREATER CINCINNATI • NORTHERN KENTUCKY • SOUTHEAST INDIANA

TAP HC – 2018 PROGRAM APPLICATION PACKET

The TAP HC program is a healthcare careers pipeline program whose inaugural class will be in 2018. This pocket of work falls under The Health Collaborative's, TAP HEALTH initiative – an innovative group of programs to help build the next generation of health care professionals in the Greater Cincinnati region. To learn more about the Health Collaborative, visit healthcollab.org. To learn specifically about TAP HEALTH, including TAP HC – please visit taphealth.healthcollab.org.

Note to Teacher, Counselor, Parent & Applicant:

The mission of TAP HC is to seek and find “untapped” talented high school students to potentially increase the number of future Tristate health care professionals. Any high school junior at least 16 years of age can be “tapped” by a school teacher or counselor. Students that will be accepted are strong academically, motivated, mature and dependable. Moreover, this student has a positive attitude!

There is a \$100 participation fee to be a student in this program.

- The \$100 participation fee will be due after acceptance, before the first event. This fee is the responsibility of the student and not their school. However, schools are allowed to pay on behalf of student (s).
- A financial waiver is available to cover costs for any student unable to provide payment of fee. (Please see section 9/page 6 for more info.)
- Having or not having ability to pay this fee will not **in any way** affect a student's acceptance into the program.

Application Instructions:

- Return application by postal mail, or scan in and send by e-mail to:

Heleena McKinney
Manager, Healthcare Workforce Innovation
The Health Collaborative
615 Elsinore Place, Suite 500
Cincinnati OH 45202
E-mail: HMckinney@HealthCollab.org

*Application is due in its entirety by 11:59am **on or before Monday, December 18, 2017**. Please plan accordingly and thank you for applying to TAP HC!



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Section 1 - Student Information:

Student Legal Name _____

Preferred Name, (if not same as first name) _____

Date of Birth _____ Gender (check one): Male Female

Preferred Telephone Home/Cell _____ E-mail Address _____

Permanent Home Address _____

Section 2 - Demographics:

Answering this question is optional. No information provided will in any way affect acceptance to program.

How does student identify self? (Select all that apply):

- Hispanic/Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other _____

Section 3 – Family:

Legal Guardian(s) _____

Relationship to applicant _____

Permanent Home Address (if different from student): _____

Legal Guardian E-mail _____

Legal Guardian Occupation _____

Is one or more of this student's legal guardians a physician (check one)? **YES** **NO**



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Section 4 - Teacher/Counselor Information:

Teacher/Counselor Name _____

High School _____

School Type (check one): Public Charter Private Other

Teacher/Counselor E-mail _____

Teacher/Counselor Phone _____

Student Name _____

Student's Anticipated Graduation Date _____

Section 5 - Letter of Recommendation:

Please attach a letter of reference/recommendation on why someone familiar with you feels you should be in the 2018 class of TAP HC.

Section 6 – Academics & Honors:

Student's GPA (4.0 scale) _____

**Please note, we may verify your GPA at any point during the process.*

Honors: briefly list any academic distinctions or honors received since the 9th grade. Though four spaces are included, you do not need to complete them all – just as many that are applicable to you.

Honor/Distinction *(Indicate grade level for each activity)*

Section 7 - Extracurricular Activities & Work Experience:

We want to know more about you as an individual! Please list extracurricular, volunteer & work activities. Though four sections are included, only complete as many as are applicable to you.

Activity _____

Description _____



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Was this a one-time activity? Yes No If not, how many hours? _____
Grade Level (check one): 9 10 11

Position held, honors won, recognition, etc.

Activity _____

Description _____

Was this a one-time activity? Yes No If not, how many hours? _____
Grade Level (check one): 9 10 11

Position held, honors won, recognition, etc.

Activity _____

Description _____

Was this a one-time activity? Yes No If not, how many hours? _____
Grade Level (check one): 9 10 11

Position held, honors won, recognition, etc.

Activity _____

Description _____

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Section 8 – Student Writing, 2 Parts:

Part 1: Please answer ONE of the following questions.

- Tell us about an experience you've had in health care (as a patient, caregiver, family member, neighbor, volunteer, etc.) that makes you want to consider it for a career?
- From what you know so far, what do you find to be most exciting about working in healthcare, or healthcare in general?

Part 2: Please describe why we should select you to participate in the TAP HC program. Try to keep response to 300 words or less. You may attach an additional sheet of paper.



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Section 9 - Financial Cost:

School Teacher/Counselor: Will the student be able to provide the \$100 Participation Fee, if accepted into the program (check one)? **Yes** **No**

If NO, financial waivers are available. To apply, please consent to the following statement:

I attest to the best of my ability that this student does in fact demonstrate a need of financial assistance for the TAP HC \$100 participation fee, as it would be an overwhelming burden to the student’s family.

School Teacher/Counselor Signature **Date** _____

Section 10 - Disciplinary History:

Since 9th grade, have you ever been found responsible for a disciplinary violation (check one)? **Yes** **No**

If yes, please explain:

Section 11 - Commitment to Participate:

This program is a year-long commitment beginning January of one’s junior year of high school and ending December of one’s senior year of high school. You must already be a junior to apply. If selected, you are expected to participate in an activity and/or shadowing experience an average of one time per month. Exact times and dates are still to be determined, but all activities will take place on weekdays during the school year **OR** on a weekday during summer months. **Note:** we share dates for experiences with as much notice as possible, but dates depend on availability of the host sites. An ideal TAP HC student will be able to make a majority, however we allow exceptions for illness, exams and other notable reasons.

Given these expectations, can you participate in the TAP HC program (check one)? **Yes** **No**

Please comment on any foreseeable scheduling conflicts that may limit your participation:



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Important dates to note:

- Application deadline is **on or before 11:59am, December 18, 2017.**
- Students chosen to participate (and their schools) will be notified on or before **January 18, 2018.**
- Our **“TAP HC 2018 Class - Welcome & Orientation Event”** will take place the evening (6-8pm) of **January 30, 2018.** Accepted students are expected to attend and may bring one parent/guardian.

Important information to note:

- TAP HC is a comprehensive program that will offer a variety of great experiences. Based on applications received, a Selection Committee will determine class size. Space will be limited and not being accepted does not mean a student should not consider a health care career.
- We do not measure applications differently if sent electronically or by mail. Please make sure to write clearly and include a valid, legible e-mail address regardless of how your application is sent in. Using e-mail, we will confirm receipt of application with both school and student within 10 days of submission. Please try to send all documents as one complete application. (However, you can send any letters of recommendation separately, if you prefer).

Section 12 - Review & Sign:

I certify that all information included in this application is true, accurate and complete.

_____	_____
Student Signature	Date
_____	_____
Legal Guardian Signature	Date
_____	_____
School Teacher/Counselor Signature	Date