

## TAP HC – PROGRAM APPLICATION PACKET (CALENDAR YEAR: JANUARY – DECEMBER 2019)

The TAP HC program is a healthcare careers pipeline program which began 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](http://healthcollab.org). To learn specifically about TAP HEALTH, including TAP HC – please visit [taphealth.healthcollab.org](http://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!*

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**There is a \$150 participation fee to be a student in this program.**

- The \$150 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.)
- 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](mailto:HMckinney@HealthCollab.org)

**\*Application is due in its entirety by 11:59am on or before Monday, December 17, 2018. Please plan accordingly and thank you for applying to TAP HC!**

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## (CALENDAR YEAR: JANUARY – DECEMBER 2019)

### 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? (Circle all that apply):

- Hispanic or 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**

# TAP HC – PROGRAM APPLICATION PACKET (CALENDAR YEAR: JANUARY – DECEMBER 2019)

## 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 2019 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 9<sup>th</sup> grade. Though four spaces are included, you do not need to complete them all – just as many that are applicable to you.

Indicate Grade Level 9, 10, 11

Honor/Distinction

Grade \_\_ \_\_\_\_\_

Grade \_\_ \_\_\_\_\_

Grade \_\_ \_\_\_\_\_

Grade \_\_ \_\_\_\_\_

## 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 which are applicable to you.

**Activity** \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

## TAP HC – PROGRAM APPLICATION PACKET (CALENDAR YEAR: JANUARY – DECEMBER 2019)

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

Position held, honors won, recognition, etc.

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**Activity** \_\_\_\_\_

Description \_\_\_\_\_

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

Position held, honors won, recognition, etc.

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**Activity** \_\_\_\_\_

Description \_\_\_\_\_

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

Position held, honors won, recognition, etc.

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**Activity** \_\_\_\_\_

Description \_\_\_\_\_

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

Position held, honors won, recognition, etc.

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### Section 9 - Financial Cost:

School Teacher/Counselor: Will the student be able to provide the \$150 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 \$150 participation fee, as it would be an overwhelming burden to the student's family.

School Teacher/Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 10 - Disciplinary History:

Since 9<sup>th</sup> 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 every 4-6 weeks. 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 at least 2/3 of events, 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 17, 2018.**
- Students chosen to participate (and their schools) will be notified on or before **January 17, 2019.**
- Our **“TAP HC 2018 Class - Welcome & Orientation Event”** will take place one evening (6-8pm) the week 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.
- 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 and not several attachments within an e-mail.** (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.

_____	_____
<b>Student Signature</b>	<b>Date</b>
_____	_____
<b>Legal Guardian Signature</b>	<b>Date</b>
_____	_____
<b>School Teacher/Counselor Signature</b>	<b>Date</b>