



AMHPS

Annual Symposium
on Career Opportunities
in BioMedical Sciences

STUDENT APPLICATION

You must complete the online registration in order for you to attend the 2011 Annual Symposium.

AMHPS 25th Annual Symposium on Career Opportunities in
Biomedical Sciences and Health Professions
Marriott Waterside Hotel and Convention Center– Norfolk, VA
March 25-27, 2011

STUDENT APPLICATION FORM

CONTACT INFORMATION:

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Phone Number 2: (____) _____

Email: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

DEMOGRAPHICS:

Gender: Male Female

Ethnicity: African American/Black

American Indian/Alaska Native Hispanic American/Latino

Asian American/Pacific Islander Multi-racial

Other _____

EDUCATION BACKGROUND:

Name of School/Institution: _____

Grade Point Average: _____ Scale: 4.0 5.0 100%

Have you taken the SAT? No Yes, if yes: SAT Score _____

Have you taken the ACT? No Yes, if yes: ACT Score _____

Level in school: High School: Sophomore Junior Senior

 College: Freshman Sophomore Junior Senior

What do you want to study/ what are you currently studying in college?

Specify major: _____

Have you attended the AMHPS Symposium before? No Yes

If yes, which year(s)? 2010 2009 2008 2007 2006 2005

Other (specify): _____

Have you ever participated in the StarLab Summer Program? No Yes

If yes, which year(s)? 2010 2009 2008 2007 2006 2005

Are you a member of a science enrichment program/HCOP? No Yes

Please specify: _____

PLEASE WRITE A 300 WORD ESSAY DESCRIBING HOW ATTENDING THIS SYMPOSIUM WILL BE BENEFICIAL TO YOU IN YOUR FUTURE CAREER PATH IN THE BIOMEDICAL SCIENCES AND HEALTH PROFESSIONS.

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Biomedical Sciences and Health Professions*

EMERGENCY CONTACT INFORMATION

This document must be returned to your counselor

NAME _____
Last First Middle Initial

HOME ADDRESS _____

City: _____ State: _____ Zip: _____

TELEPHONE : (____) _____ FAX: (____) _____

In case of an emergency please contact/notify the following: **(List two people)**

PRIMARY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ FAX: (____) _____

SECONDARY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ FAX: (____) _____

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HEALTH INFORMATION FORM

This document must be returned to your counselor

Name: _____
Last First Middle Initial

Past Health History (list any and all pertinent information)

Present Health (are you on any medication)

Drug Sensitivities

Any Allergies

Date of last Tetanus Shot

Insurance Company & Address

Policy Holder Policy Number

Other Health and Accident Coverage

If necessary, I agree (allow my child) to be treated by a licensed physician while attending the Biomedical Symposium and to assume all costs related to such treatment.

Please attach a photocopy of your insurance card (front and back).

Signature of Student Date

(Parental Signature for High School Applicant) Date

AMHPS' 25th ANNUAL SYMPOSIUM ON CAREER OPPORTUNITIES IN
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March 25-27, 2011 * Norfolk, VA

RECOMMENDATION FORM ONE

This document is due to your counselor

TO THE STUDENT: Two letters of recommendation are required to complete your application. Please fill out the personal information and give one of these forms to each of the persons you are getting to write a letter of recommendation for you.

Full Name of Applicant: _____

Grade / Class: _____

School Name: _____

.....

TO THE EVALUATOR: You have been identified by the above applicant to write a letter of recommendation for participation in the Annual Symposium on Career Opportunities in Biomedical Science and Health Professions. Please complete items 1 through 4 and return to the applicant. Thank you for your time and interest.

Name of Evaluator:

Title:

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Signature of Evaluator:

Date:

1. How long have you known the applicant and in what capacity?

2. How do you feel they will benefit from participation in this Symposium?

3. What is your overall rating of this applicant?

- Definitely recommend
- Recommend
- Recommend with reservation
- Do not recommend (please explain in the space below)
- Not able to judge

4. We are interested in your opinion of this individual's qualifications and capabilities to participate in this Symposium. Some factors viewed as important for success at this Symposium are intellectual capacity, leadership ability and motivation. Please use this space below or attach a separate letter.

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RECOMMENDATION FORM TWO

This document is due to your counselor

TO THE STUDENT: Two letters of recommendation are required to complete your application. Please fill out the personal information and give one of these forms to each of the persons you are getting to write a letter of recommendation for you.

Full Name of Applicant: _____

Grade / Class: _____

School Name: _____

.....

TO THE EVALUATOR: You have been identified by the above applicant to write a letter of recommendation for participation in the Annual Symposium on Career Opportunities in Biomedical Science and Health Professions. Please complete items 1 through 4 and return to the applicant. Thank you for your time and interest.

Name of Evaluator:

Title:

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Signature of Evaluator:

Date:

1. How long have you known the applicant and in what capacity?

2. How do you feel they will benefit from participation in this Symposium?

3. What is your overall rating of this applicant?

- _____ Definitely recommend
- _____ Recommend
- _____ Recommend with reservation
- _____ Do not recommend (please explain in the space below)
- _____ Not able to judge

4. We are interested in your opinion of this individual's qualifications and capabilities to participate in this Symposium. Some factors viewed as important for success at this Symposium are intellectual capacity, leadership ability and motivation. Please use this space below or attach a separate letter.

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Biomedical Symposium Regulations and Guidelines

Congratulations on having been selected to attend the **25th Annual Symposium on Career Opportunities in Biomedical Sciences and Health Professions!** The following is an outline of symposium regulations and guidelines that will assist *our* staff and *your* counselors in maintaining an environment conducive to learning, enjoyment and safety.

- 🌐 Students are required to attend all planned symposium functions including general sessions, workshops, meal functions, sponsored receptions, etc. and refrain from walking, talking, dozing or reading during a presentation.
- 🌐 Students should be prepared with pen and paper for taking notes in each workshop and exhibit sessions.
- 🌐 **All students must be on hotel property at all times, unless escorted by their chaperone. Never travel alone, travel in pairs at all times. Report any suspicious activities to your counselors, hotel security or symposium staff immediately!**
- 🌐 Symposium curfew is 12:00 AM for all high school students. All students must be in their assigned rooms for bed check by 11:45 PM.
- 🌐 Students are required to dress professionally (shirt, tie, dress pants, skirts are acceptable attire) at all symposium related events. The following attire is unacceptable during symposium sessions; jeans, t-shirts, hats, caps or sneakers. No shorts or “mini” skirts should be worn at any time. Students may dress casually for evening social functions.
- 🌐 Name badges must be worn at all times. Symposium t-shirts can be worn for evening events only.
- 🌐 Students are required to attend all scheduled meal functions. If a scheduled meal is missed, you will be responsible for obtaining a meal at your own expense. **Students with special dietary needs, please have your counselors notify AMHPS staff prior to arriving on site for the symposium.**
- 🌐 Excessive noise is not permitted in the hotel including elevators, hallways, stairwells etc.
- 🌐 Students should keep noise level at a minimum while in their rooms, quietly closing room doors upon entering and leaving; no running at any time through the hotel corridors. **PLEASE BE CONSIDERATE OF OTHER GUESTS IN THE HOTEL!**
- 🌐 Access to incidentals including movies, telephone calls, room service, etc. will not be provided by AMHPS. Students may access long distance services by using a calling card via a 1-800 number. If any incidentals are inadvertently charged to the room, they will become the responsibility of the students assigned to that room. Cell phones are not permitted during any symposium functions.

- 🌐 Students are not allowed to rent cars or take public transportation.
- 🌐 Students **must** have **valid photo identification** (state ID, driver's license or student ID).
- 🌐 The symposium staff reserves the right to dismiss a student for **ANY** inappropriate behavior. **The returning of the said student to their home will be at the parent's/students expense.**
- 🌐 Students participating in AMHPS events may be contacted in the future for evaluative purposes by AMHPS and/or AMHPS member institutions.
- 🌐 **Please sign below and submit to your counselor! If you are under 18, you must have a parent or guardian sign this form also. Thank you.**

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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SCIENCES AND HEALTH PROFESSIONS

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AFFIDAVIT OF WAIVER

This document is due to your counselor

I, _____, am aware that I submitting an application to attend the 25th Annual Symposium on Career Opportunities in Biomedical Sciences and Health Professions, to be held from March 25-27, 2011, in Norfolk, VA.

I, _____, am aware, and agree that the Association of Minority Health Professions Schools, Inc., hereafter called AMHPS, its agents, officers, employees and assigns are not, nor will they be held personally or officially liable for any and all damages resulting from any and all incidents, accidents, injuries, or claims which may arise out of my (my child's - if a minor) participation in the 25th Annual Symposium on Career Opportunities in Biomedical Sciences.

I understand that I am participating in this program and its program activities totally at my (my child's - if a minor) own risk. AMHPS will not, in any circumstances, be held liable for any accidents, incidents, injuries or claims which may arise out of such program activities, including but not limited to field trips, outings, tours, gatherings, transportation, housing or any other activities.

I understand that my travel, hotel accommodations and (some) meals will be covered by AMHPS at the Symposium.

WHEREOF, I waive any and all rights that may arise to hold liable by any cause of action of the Foundation, its agents, officers, employees, and assigns in their official or personal capacity.

Executed on this, the _____ day of _____, 20_____

Signature of Student

Date

Signature of Parent/Guardian if a Minor

Date