



The University of Rochester's Office of Human Resources
Multicultural Affairs and Inclusion

Healthcare and Technology Youth Apprenticeship Program

Is an academic and career development service designed to stimulate and maintain participants' interest in medicine and its related technology professions. This program is designed for Rochester City School District students entering grades 11 in September 2017/18 school year and students who belong to groups historically underrepresented in scientific, technical, health-related professions, and/or who are economically disadvantaged. They are exposed to a variety of career and professional skill development opportunities to enhance their problem solving, critical thinking and test taking skills. One aspect of the HTYAP program's strength is in its emphasis on active or "hands-on" learning. HTYAP students have the opportunity to work directly with physicians, technical staff, certified teachers, medical, and graduate students.

Prerequisite:

- ✓ Attend Rochester City School District and/or University Preparatory Charter School for Young Men
- ✓ Members of groups historically *underrepresented in scientific, technical, health related, and licensed professions –AND/OR–Economically Disadvantaged.
- ✓ City of Rochester Resident (including permanent resident aliens) or Permanent Residents.
- ✓ Entering Grades 11 in the 2017/18 school year
- ✓ Maintains a GPA of 3.0 average or better.
- ✓ No high school suspension for any disciplinary reasons.
- ✓ Expressing an interest in science and/or health professions.

Program Dates:

Application Deadline: All application materials must be received by:
May 10, 2017



HTYAP APPLICATION CHECKLIST

- Completed application**
- Signed Parent/Student Agreement**
- Three letters of recommendation**
 - a) **Science teacher recommendation**
 - b) **Math Teacher recommendation**
 - c) **Professional/Character Recommendation-(*Individual who knows you and can describe your character, motivation and commitment to participate in the program.*)**
PLEASE DO NOT USE FAMILY MEMBERS.
- Personal Essay (*please use provided sheet*)**
- Most Recent official transcript or report card from your school.**

Return to:

University of Rochester
Office of Human Resources
Staff Diversity
ATTN: Janice M. Holland – Program Manager for HTYAP
910 Genesee St. Suite 100
Rochester, NY 14611
E-mail: Janice.holland@rochester.edu

PLEASE RETURN NO LATER THAN: **May 10, 2017**



THE APPLICATION

Name: _____
(Please print)

Address: Zip Code: _____

Home Telephone: _____ E-mail Address: _____

Cell Phone: _____

Date of Birth: ____/____/____ Gender: Male Female

U.S. Citizen: Yes No City of Rochester Resident: Yes No

Place of Birth: _____ Permanent Resident: Yes No

Visa Type (if applicable): _____

Family Data

Name of Parent(s)/Guardian(s): _____ (Mother)

_____ (Father)

_____ (Guardian)

Address (If different from applicants): _____

Telephone: _____ Home

_____ Cell

_____ Work

E-mail address: _____ (Mother)

_____ (Father)

_____ (Guardian)



SCHOOL INFORMATION

(All applicants must submit their most recent transcript or grade report).

Name of School:

School Address:

Counselor's Name: _____

Present Grade Level: _____ Grade Point Average: _____

Anticipated Graduation Date: _____

Are you a returning HTYAP student? No Yes

If yes, please specify program year _____

Are you in a Regents Curriculum? Yes No

<u>ETHNICITY</u> (Must be underrepresented in the Sciences – check all that apply)	
Black/African/African American <input type="checkbox"/>	White/Caucasian <input type="checkbox"/>
Hispanic/Latino <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>
Native American/Indian <input type="checkbox"/>	

Please list any awards, achievements, participation in competitions, or conference presentations that you have received.



Please list extra-curricular activities that you are presently involved (after – school, sports, and volunteer and youth groups)

Are you an Urban League Black Scholar? Yes No

Are you an IBERO Hispanic Scholarship Recipient? Yes No

Are you in the National Honor Society? Yes No

Please list individuals you have requested letters of recommendation

(One from a current science and one math teacher and the third should be from a person who knows you and can describe your character, motivation and commitment to participate in the program. PLEASE DO NOT USE FAMILY MEMBERS.)

1. Science Teacher’s Name: _____

2. Math Teacher’s Name: _____

3. Name; Relationship: _____

PARENT / STUDENT AGREEMENT

If selected for HTYAP and accept the offer of admission, I _____, agree to participate in the Healthcare Technology Youth Apprenticeship Program (HTYAP) at the University of Rochester. As a participant, I will attend activities as scheduled, and I will be on time for all scheduled work assignments and activities. I understand that my signature on this document constitutes an agreement between me and the University of Rochester Office of Human Resources Organizational Development & Staff Diversity’s Healthcare Technology Youth Apprenticeship Program (HTYAP).

Student Signature Date

Parent/Guardian Signatre Date



I, (we) _____ give permission to
Name of Parent(s)/Guardian(s) Name of Student

_____ to participate in the Healthcare
Technology Youth Apprenticeship Program (HTYAP) at the University of Rochester Office
of Human Resources Organizational Development & Staff Diversity. I, (we) authorize the
University of Rochester to obtain and review school records. I, (we) understand that all
information will be kept confidential.

If you have taken any achievement tests, list your scores below: If Applicable

PSAT Scores: **Verbal:** _____ **Math:** _____

SAT Scores: **Verbal:** _____ **Math:** _____ **ACT Score:** _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Participants are expected to attend *ALL* scheduled events and continue to demonstrate an attitude that reflects a serious commitment to the program. Those who are tardy more than three times, absent two or more days (without appropriate notification), exhibit inappropriate behavior, and/or do not adhere to the guidelines of the program will be dismissed. Participants are expected to participate in a minimum of 95% community service and monthly debriefing and training sessions.



TEACHER RECOMMENDATION

HealthCare and Technology Youth Apprenticeship Program (HTYAP)

APPLICANT MUST COMPLETE THIS SECTION:

Name of Applicant _____

Recommendation may be submitted separately to:

ATTN: Janice M. Holland – 910 Genesee Street, Box 278955, Rochester, New York 14611
Telephone: 585-275-2200 Alternate Phone: 585-315-3457 Fax: 585-486-5518
email: Janice.holland@rochester.edu

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here: Applicant’s Signature: _____

Date _____

RECOMMENDER MUST COMPLETE THIS SECTION:

Recommender Name _____

Name of School _____

Address _____

Phone () _____ Recommender Signature _____

Date _____

How long have you known the applicant? _____ In what Capacity? _____

How would you rate the applicant as a student? Among the very best Top 5% Top 10% Average Below Average

Please attach sheet or use the space below for comments regarding the applicant’s strengths, class participation, talents and interest in science and/or health professions.
