



Health Occupations Partnership for Excellence
(HOPE)
Student Application Form

NAME _____

LONGWOOD HIGH SCHOOL

Application Checklist

Due on or before

May 2, 2019

- Completed Application
- Letters of Recommendation – **2 letters** are required
Letters can be from teachers (preferably math and science), employers, coaches, counselors, etc.
- Essay – This **MUST** be typed! *Please Print 6 copies.*
- Transcript
- Student Guidelines Agreement
- Authorization for Release of Student Records

******Please return ALL completed documentation to Mrs. DiLeonardo in the School-to-Career Office located in Guidance.**



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General Information (Please Print)

Name: Last First Middle Date

Address

City, State, Zip

Home Phone Number Cell Phone Number

School Name Guidance Counselor/School Liaison

School Address School Telephone Number

Grade next year Age/Date of Birth Graduation year

What professions in healthcare are you interested in? (Check as many that apply)

- Medicine
- Nursing
- Dental Medicine
- Social Work
- Health Technology & Information Systems (for example, Lab, Occupational Therapy, Physical Therapy)
- Management
- Pharmacy

OTHER: _____



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Volunteer Information

Please list any relatives or friends who are employees or volunteers at SBUH (include name, department, and relationship):

Are you currently employed?

Yes No

If yes, where are you employed, and how may we contact your employer?

Volunteer Experience:

Service Dates, Location, Volunteer Duties:

Are you under medical treatment of any kind?

Yes No

If yes, please explain:

Do you have any physical limitations that might affect your volunteering?

Yes No

If yes, please explain:

Please list: Foreign Languages that you speak fluently:

Special Skills that might be useful in your volunteer work:

Clubs or Organizations to which you belong:



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STUDENT GUIDELINES & PARTICIPATION CONTRACT

The Health Occupations Partnership for Excellence (HOPE) program provides an environment that will give you a chance to learn and increase your knowledge about health care careers; an opportunity to work closely with faculty and student mentors who have similar healthcare interests; and an opportunity to volunteer in a department that interests you.

I understand that as a participant in the HOPE Program, I will have the following responsibilities:

** Please initial each agreement.*

ATTENDANCE

* _____ I understand that participation in the HOPE program is a privilege and not a right, and that I may be dismissed if I fail to follow policies and procedures set by Stony Brook University Hospital, the Health Sciences Center, and the HOPE program for any behavior, conduct or occurrence by me which poses a risk or harm to Hospital/HSC students, employees, faculty or its patients or for behavior that interferes with normal operations.

* _____ I will become familiar with all policies and procedures of the HOPE program.

* _____ I understand that it is my responsibility to participate in all aspects of the HOPE program.

* _____ I understand that I am allowed only 3 absences from the HOPE program.

* _____ I understand that tardiness due to reasons other than bus transportation delays is not acceptable.

* _____ In the event of unavoidable absences, I will advise the Department of Community Relations ahead of time and provide a legitimate explanation.

When participating in the HOPE program, students must consider the health of those with whom they come in contact. If the student feels that he/she has an illness that may be a risk to patients, staff, or other HOPE participants, he/she should not participate in the HOPE program for that day. Four absences in a program year will result in dismissal from the HOPE program. Serious illnesses or absences due to personal injury, death or other emergencies in the immediate family, may be excused provided the school liaison notifies the Department of Community Relations in writing (fax # 631-444-5255) within 24 hours of the missed session.

PROGRAM PARTICIPATION: POLICIES, VOLUNTEER AND MENTORING OPPORTUNITIES

* _____ I will abide by all rules and policies of the department of volunteer services.

* _____ I will serve regularly in the department to which I have been assigned.

* _____ I will accept supervision gracefully.

* _____ I will be honest and respectful of my peers, program director, and other faculty and staff.

* _____ I will keep confidential all information that comes to me in the performance of my duties.

* _____ I will meet with my mentor and keep a journal of our meetings.

* _____ I will allow my mentor to meet and speak with my teachers and family members as time allows.

* _____ I will meet with my High School coordinator regarding my participation in the HOPE program and review any school concerns on a monthly basis.

* _____ I will be prompt and keep my scheduled appointments. Failure to keep these will result in dismissal.



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- * _____ I will participate in program activities such as tours, science field trips and functions.
- * _____ I will successfully complete all program assignments and tests within the scheduled time frame.
- * _____ I understand that I am not permitted to use any electronic devices while attending HOPE sessions.
- * _____ I understand that I am responsible for attending all sessions of the SAT Preparation Course offered to me by the HOPE program, and am required to complete all program assignments and tests within the scheduled time frame.
- * _____ I understand that I am required to submit my SAT scores to the HOPE administrator when test scores become available or before the end of my junior year in order to be eligible for the senior year of the HOPE program.
- * _____ I understand that I am required to submit a final project in order to fulfill the graduation requirements for this program.

HEALTH ASSESSMENTS AND PPD TESTING

- * _____ I understand that I am required to have a physical and PPD test prior to the start of the program. A second PPD test must be completed within 2 months of the initial test. PPD testing must be updated every six months thereafter.
- * _____ I understand that once admitted to the HOPE program I am required to have PPD testing every six months. Failure to keep current with testing may result in dismissal from the program. It is my responsibility to keep up to date with retesting.

STUDENT DRESS CODE

- * _____ **I will maintain a professional appearance at all times by adhering to the HOPE Dress Code. I understand that failure to do so will result in my not being able to participate in HOPE activities for the day, and that each violation will result in an infraction.**
- * _____ I will wear my ID badge and a clean and wrinkle free lab coat at all times while on the Stony Brook campus.
- * _____ I understand as a part of the dress code, business casual attire is required.
- * _____ I understand as a part of the dress code, dress or button-down shirts are recommended. Dockers style pants in black, gray, and brown color are preferred.
- * _____ I understand as a part of the dress code, the following clothing items are **NOT ACCEPTABLE**: jeans, clothes with tears or holes, shorts, sweatpants, sweatshirts, hoodies, pajama pants, lounge pants, jeggings, leggings, tank tops, tube tops, spaghetti tops, midriff tops, hats, bandanas, tight fitting clothing, low-cut tops.
- * _____ I understand as a part of the dress code, skirts/dresses must reach the knee.
- * _____ I understand as a part of the dress code, flat or low heeled shoes, or any type of closed rubber soled shoe is acceptable -including sneakers. High-heeled/opened-toed shoes, sandals, and Flip Flops are not permitted.
- * _____ I understand as a part of the dress code, I am to keep jewelry at a minimum.



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GRADES

* _____ I understand that I must have and maintain at least a 2.5 GPA while attending the HOPE program, and must submit official school transcripts, my most recent report card, and attendance records upon application, and on a yearly basis thereafter.

PARENTS/GUARDIANS

Support for Success Group

* _____ As a parent/guardian of a student in the HOPE program, I agree to support the guidelines and policies of the program, to participate in scheduled informational and progress meetings, and to support events and special initiatives of the program.

Student's Section

Student Name (please print)

Date

Student Signature

School/ Grade

Student Email Address

Student Phone (Home)

Student Phone (Cell)

Parent/Guardian's Section

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Parent/Guardian Email Address

Parent/Guardian Phone (Home)

Parent/Guardian Phone (Cell)



Stony Brook
Medicine

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AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student's Name _____

Date of Birth _____

I hereby grant authorization for the release of all official academic records, files and data directly related to my child named above to:

Stony Brook University Hospital
Department of Community Relations
188 Belle Mead Road
E. Setauket, NY 11733

Tel.: 631.444.5250

Fax: 631.444.5255

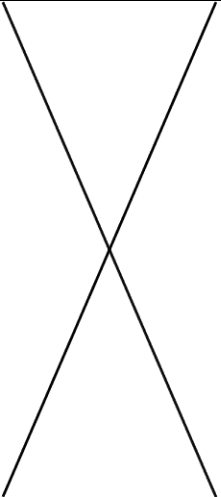
Parent/Guardian Signature

Date

Essay Rubric

Student Name _____ Student # _____

Reviewer Signature: _____

CATEGORY	4	3	2	1	Total
Focus and Details question 1	Specifically answered question with supported detailed information.	Answered question with minimal details.	Answered question with no details.	The topic and main ideas are not clear.	
Focus and Details question 2	Specifically answered question with supported detailed information.	Answered question with minimal details.	Answered question with no details.	The topic and main ideas are not clear.	
Structure <ul style="list-style-type: none"> • Organization • Flow of thought • Transitions • Format 	Paper is logically organized; Easily followed; Effective, smooth and logical transitions; Professional format.	Paper has clear organizational structure with some ambiguities or irrelevances (1-2); Easily followed; Basic transitions; Structured format.	There is some level of organization though too many ambiguities or irrelevances (3-4); Difficult to follow; Rambling format.	There is no apparent organization to the paper; Difficult to follow; No or poor transitions; No format.	
Essay Proficiency: Grammar, punctuation, spelling and word usage.	The author makes no errors in grammar, mechanics, and/or spelling.	The author makes a few errors in grammar, mechanics, and/or spelling, but they do not interfere with understanding.	Sentences sound awkward, are distractingly repetitive, or are difficult to understand. The author makes numerous errors in grammar, mechanics, and/or spelling that interfere with understanding.		
Total Essay Points	