

June 20-23, 2023

Eligible students are rising 10th or 11th graders (fall 2023) with a strong interest in pursuing a **Health and Medical Sciences Career Pathway**. Selected students commit to the FOUR-day schedule:

June 20	9:00A-3:15P Winchester Medical Center Career exploration/experiential learning/tour
June 21	9:00A-3:15P Shenandoah University Skills Labs Hands on skills exploration Meet at John Handley High School – bused to SU campuses and switch midday.
June 22	9:00A-3:15P Laurel Ridge Skills Labs Hands on skills exploration
June 23	9:00A-12:00 Laurel Ridge Skills Labs 12:00-1:00P Laurel Ridge Corron Center Celebration/recognition program and wrap-up

Application Process

1. Applications/Announcement: **January 25th**
2. Completed applications to HS counselors office: **due March 1st**
3. HS counselors at each school
 - Select **3 students & 1 alternate** for **each high school**.
 - Exception: **Frederick County** selects **4 students & 1 alternate** for each high school.
4. Student notification of selections: **Announced March 24th by HS counselors**
5. Selected students AND alternates: **Complete registration by April 1st**
6. TOTAL COST invested in Each Student by the PUBLIC SCHOOLS.
 - **\$200.00 Total Investment**
VH payment: \$155.85 / Laurel Ridge Community College: \$44.15
SDV 100 Success Skills course - Dual enrollment process
Obtain dual enrollment form from your counselor or career coach or counselor at your high school.
Work with them to secure a copy of your high school transcript to submit with the form.
If not already dual enrolled, apply to the college with help of your career coach.
 - ****Scrubs (top & bottom), supplies and lunch x4 included in cost of registration fee. ****
 - Closed toe shoes responsibility of students.
7. Alternates notified of selection by April 7th



Contacts for the Health Science Academy

VALLEY HEALTH SYSTEM
Heather A. Wilson, MHA, MSN, RN
Valley Health / Winchester Medical Center
Office 220 Campus Blvd, Suite 400
Winchester VA 22601
Email hwilson@valleyhealthlink.com
Mobile 540.974.3656

School Counselors

Clarke County
Frederick County
Page County
Page County
Rappahannock County
Shenandoah County
Warren County
Winchester City

In partnership with the
Public Schools Consortium

June 20-23, 2023

Applicant Section (please print) Personal Email

Last Name First Name M.I. Street Address City/State/Zip

Date of Birth High School Current Grade

☐ Male ☐ Female Math (enrolled) Science (enrolled)

Have you previously attended a local hospital/Valley Health youth education event? Yes No

Your GPA I will or will not (*circle one*) need transportation to and from the Health Sciences Academy portion of the program.

Current Math course in which you are enrolled Current Science OR health professions course in which you are enrolled

Current Math teacher's signature supporting my application to the Health Sciences Academy Current Science or health professions teacher's signature supporting my application to the Health Sciences Academy

List any community service activities. Include employment, participation in student organizations, competitive events, and sports.

Agreement/Memo of Understanding

- Cost of the Health Sciences Academy includes: Laurel Ridge SDV101, Valley Health and Shenandoah University activities/labs, medical supplies, snacks, lunches, and transportation (if needed). Transportation each AM is the responsibility of the parent/ legal guardian or public school system, as applicable.
- Daily on-time attendance for all four days of activities and Laurel Ridge course is required.
- Students receive college credit for the Laurel Ridge SDV 101. This college-level course includes homework assignments and a final presentation. Each HSA student commits to attending and completing ALL course requirements in order to earn college level credit. Note: A letter grade is assigned based upon course assignment completion. The letter grade earned appears on the student's college transcript.
- I understand the above conditions and agree to fully participate in all the requirements of the Health Sciences Academy.
- IF SELECTED: I hereby grant permission for my child to drive to and from the HAS. My child will not be allowed to leave at any time without parent/guardian permission AND the permission of the HAS Coordinators.
- IF SELECTED: I hereby give permission to obtain medical treatment at the closest VHS hospital for my child. I authorize necessary services by emergency medical personnel for the health and welfare of my child.
- IF SELECTED: I hereby give permission for my child to have a finger stick by trained staff of Winchester Medical Center to determine blood type / blood sugar level.
- IF SELECTED: I hereby grant WMC and VH permission to use any photos or video which may contain my child's image for publicity purposes.
- I have read all of the information pertaining to the HSA. I certify that all of the information on the registration form is true, complete and correct.

Parent or Guardian Signature Student Signature

Page 2.....Please write a brief summary answering the following questions:

(Typewritten preferred. You may use the back of the paper if needed.)

- *What health profession(s) (e.g., nurse, physician, physical or occupational therapist, etc.) or related career(s) (e.g., biomedical engineering) is/are of most interest to you and why?*
- *What motivates you to seek a career in healthcare? (e.g., personal experience with healthcare; positive role models; movie or TV show)*
- *What personal qualities do you possess that would make you excel in a healthcare career?*
- *Why should you be selected for the Health Sciences Academy program?*

