



## ***Indigenous Summer Enhancement Program in Public Health & Health Research 2021 Diné College***

### **APPLICATION**

**Please submit your completed application by:**

***Monday, March 22, 2021 at 12:00 am (MDT)***

\*\*\*\*\*

**All 2021 Indigenous Summer Enhancement Program (ISEP) application packets must include:**

- \_\_\_\_\_ Application cover page (page 1)
- \_\_\_\_\_ Completed and signed Application Form (page 2 and 3)
- \_\_\_\_\_ Completed two questions on the Essay Form (page 4)
- \_\_\_\_\_ Signed Parental/Guardian Acknowledgement Form (page 5)
- \_\_\_\_\_ Completed Recommendation Form. (page 6-7). The form must be sealed in a separate envelope with the evaluator's signature across the enclosure flap OR the evaluator can scan and email to: [lvgarcia@dinecollege.edu](mailto:lvgarcia@dinecollege.edu)

**Return the completed application packet by either:**

Emailing packet to:  
**[isep@dinecollege.edu](mailto:isep@dinecollege.edu)**

**-OR-**

Mailing packet to:  
**Linda Garcia  
Diné College  
P.O. Box 580  
Shiprock, NM 87420**

If you have any questions about the ISEP program and/or the application process, reach out to:

**Amber-Rose Waters**, Program Coordinator  
Email: [ardbegay@dinecollege.edu](mailto:ardbegay@dinecollege.edu)  
Phone: (505) 406-2279

**Kalvina Belin**, Program Coordinator  
Email: [kabelin@dinecollege.edu](mailto:kabelin@dinecollege.edu)  
Phone: (928) 380-4878

I fully commit to participate in all activities of the ISEP summer program: \_\_\_\_\_ (student initial)



**Indigenous Summer Enhancement Program  
in Public Health & Health Research 2021**  
Diné College

**APPLICATION**

Please submit your completed application by:

**Monday, March 22, 2021 at 12:00 am (MDT)**

| Applicant Information  |             |                 |                                       |                 |         |
|--|-------------|-----------------|---------------------------------------|-----------------|---------|
| Full Name:   |             |                 |                                       |                 | Gender: |
|  | <i>Last</i> | <i>First</i>    | <i>M.I.</i>                           |                 |         |
| Address:   |             |                 |                                       |                 |         |
|  |             |                 |                                       |                 |         |
|  | <i>City</i> |                 | <i>State</i>                          | <i>ZIP Code</i> |         |
| Phone:   | (    )      | E-mail Address: |                                       |                 |         |
| Alternate Phone:   | (    )      | Birth date:     | /    /                                |                 |         |
| Parent/Guardian Name:  |             |                 | Phone:                                | (    )          |         |
| Person to contact in case of emergency:  |             |                 | Phone:                                | (    )          |         |
| Relationship:  |             |                 |                                       |                 |         |
| Education  |             |                 |                                       |                 |         |
| Grade during Spring 2021 (circle one):    9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> Cumulative GPA: |             |                 |                                       |                 |         |
| Name of School Attending:  |             |                 |                                       |                 |         |
| Address:   |             |                 |                                       |                 |         |
| City:  |             | State:          |                                       | Zip Code:       |         |
| Phone: (    )  |             |                 |                                       |                 |         |
| Past Program Participation   |             |                 |                                       |                 |         |
| Have you attended any internship programs?    Yes    No  |             |                 | If Yes, please complete section below |                 |         |
| Name of Program:   |             |                 | Location:                             |                 |         |
| Dates Attended:  |             |                 | Contact Person:                       |                 |         |
|  |             |                 |                                       |                 |         |
| Name of Program:   |             |                 | Location:                             |                 |         |
| Dates Attended:  |             |                 | Contact Person:                       |                 |         |

| Health Profession Interest  |  |
|---|--|
| <b>Do you plan on attending a university, college, vocational /occupational program after High School?</b> Yes      No    |  |
| <b>If <u>yes</u></b> , where do you plan on attending:  |  |
| What do you plan to major in:   |  |
| <b>If <u>no</u></b> , please explain:   |  |
| Please circle your <b><u>Top 3</u></b> health profession choices from the options below:                                  |  |
| Medical Doctor  | Pharmacist      Nursing      Public Health      Dentist      Dental Hygienist      CHR       |
| Physical Therapist  | Physical Therapy Assistant      Physician Assistant      Radiology      Laboratory/Pathology |
| Nurse Practitioner  | Optometry      Paramedic/EMT      Other (Please specify):                                    |
| Additional information  |  |
| <b>How did you hear about the ISEP program?</b>   |  |
| <b>Do you have internet access at home?</b> (please check)      Yes_____      No_____                                     |  |
| <b>If no, how do you normally access internet?</b> (for example: McDonald's Wi-Fi internet, hot spot, school Wi-Fi, etc.) |  |
| <b>Do you have a smart device that is accessible to for learning?</b> (please check)      Yes_____      No_____           |  |
| <b>If yes, what do you have?</b> (for example: tablet, iPad, PC or MAC laptop or desktop computer)                        |  |
| <b>What other needs do you have that can help support you?</b>  |  |



***Indigenous Summer Enhancement Program  
in Public Health & Health Research 2021***  
***Diné College***

**ESSAY FORM**

**FILL OUT BY THE STUDENT APPLICANT:** If possible, please type your responses to the questions below or on this sheet. Complete your responses to the best of your ability.

1. Please describe what you hope to gain by participating in the Indigenous Summer Enhancement Program and how you will apply the skills toward your future goals.

2. Please describe a health issue/problem you feel needs more attention in your community and why.



## ***Indigenous Summer Enhancement Program in Public Health & Health Research 2021 Diné College***

### **Guardian/Parent Acknowledgement Form**

I, \_\_\_\_\_, having read the  
(*Print parent/guardian name*)

Indigenous Summer Enhancement Program application and information with my son/daughter,  
give permission for \_\_\_\_\_  
(*Print student's name*)

to participate in the 2021 Indigenous Summer Enhancement Program (ISEP).

#### **Release of Liability:**

I give full consent for my son/daughter to participate in the 2021 Indigenous Summer Enhancement Program (ISEP) and related activities sponsored by Diné College and Northern Arizona University. I further release Diné College and Northern Arizona University and any of its affiliates for the ISEP Program from any liability of accidents or injuries that may result as a part of the program's activities/events. Furthermore, should any disciplinary issues arise during the length of the program, I will take full responsibility for my child's actions and understand that it is the right of the ISEP program to release my child from the program for any reason deemed necessary. (i.e., discipline, non-compliance with policies & procedures, failure to complete assigned tasks, and excessive tardiness/absenteeism.)

I will support my child in all components and requirements of the ISEP program. I will encourage their full participation in all ISEP activities, including those listed below:

- Attend full ISEP program, June 27<sup>th</sup> to July 2<sup>nd</sup>, 2021 (1 week in Tsailé, AZ or online)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **Indigenous Summer Enhancement Program in Public Health & Health Research 2021**

**Diné College**

Please complete this form by:

**Monday, March 22, 2021 at 12:00 am (MDT)**

### **RECOMMENDATION FORM** (page 1 out of 2)

Filled out by a teacher, coach or someone who can speak to your strengths

Students name: *(Last, First, MI)* \_\_\_\_\_.

Students school: \_\_\_\_\_.

This student has asked you to provide an assessment of his/her suitability as a participant in the 2021 Indigenous Summer Enhancement Program. We are interested in selecting students who have:

- Previously demonstrated an interest in health careers (or could benefit from learning about such options);
- Demonstrated past academic achievement, or whom you feel are capable of handling a college curriculum in the future (but whose grades may not presently reflect this).

*Please rate the Applicant with a check or X in the proper category*

|                                     | Accomplished<br>in this area | Does well in<br>this area | Performs<br>adequately in<br>this area | Requires<br>reinforcement<br>in this area | Not observed |
|-------------------------------------|------------------------------|---------------------------|--|---|--------------|
| Intellectual &<br>Reasoning Ability |                              |                           |  |   |              |
| Academic<br>Performance             |                              |                           |  |   |              |
| Maturity                            |                              |                           |  |   |              |
| Initiative                          |                              |                           |  |   |              |
| Responsibility                      |                              |                           |  |   |              |
| Attention to Detail                 |                              |                           |  |   |              |
| Oral<br>Communication<br>skills     |                              |                           |  |   |              |
| Written<br>Communication<br>skills  |                              |                           |  |   |              |
| Motivation and<br>Effort            |                              |                           |  |   |              |
| Cooperation and<br>Teamwork         |                              |                           |  |   |              |
| Computer skills                     |                              |                           |  |   |              |
| Research Interests                  |                              |                           |  |   |              |

**OVERALL RECOMMENDATION:** check or mark 'X'

- \_\_\_\_ This applicant receives my highest recommendation without reservation.
- \_\_\_\_ I recommend this applicant with confidence.
- \_\_\_\_ I recommend this applicant.
- \_\_\_\_ I would NOT recommend this applicant.



***Indigenous Summer Enhancement Program  
in Public Health & Health Research 2021  
Diné College***

**RECOMMENDATION FORM** (page 2 out of 2)

1. Student's **strengths** as you see them:
  
  
  
  
  
  
  
  
  
  
2. Student's **weaknesses** as you see them (areas that you feel need improvement):
  
  
  
  
  
  
  
  
  
  
3. Summary Evaluation: **overall impression** of student and comments which may be pertinent, but were not covered by previous categories.

Evaluator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position/Department: \_\_\_\_\_

**Please return this recommendation form to the student in a sealed envelope with your name signed across the flap OR scanned and emailed to: [lvgarcia@dinecollege.edu](mailto:lvgarcia@dinecollege.edu)**

*Thank you for taking the time to provide this important evaluation!*