



Jefferson

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Future Health Professionals Program (FHPP) 2021 Application

Application Deadline: Friday, October 1, 2021

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

GENDER

HOME PHONE:

CELL PHONE:

STREET ADDRESS:

CITY, STATE:

ZIP CODE:

EMAIL ADDRESS:

RACIAL/ ETHNIC BACKGROUND:
(check as many as applicable)

Black/African-American

Native Hawaiian

American Indian/Alaskan Native

Hispanic/Latino

Asian

White

Other

HIGH SCHOOL INFORMATION

NAME OF HIGH SCHOOL:

STREET ADDRESS:

CITY, STATE:

ZIP CODE:

GRADE:

(As of September 2021)

Sophomore

Junior

Senior

Have you ever been diagnosed with either a physical or cognitive disability and/or impairment?

Yes

No

If yes, what accommodations do you require?

PARENT/GUARDIAN CONTACT INFORMATION

NAME:

RELATIONSHIP:

STREET ADDRESS:

CITY, STATE:

ZIP CODE:

HOME/CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

The following items will be required in order to submit an application. Applications that do not have the required documents and letters by the deadline will be considered incomplete.

This Application Form

Personal Statement (Below): (approximately 250-500 words) telling us about yourself and explaining why you are interested in any of the health professions and how the program will support your academic aspirations and career interests.

Teacher Recommendation Form: Please ask a current science or math teacher, or school counselor who knows about your work ethic and achievements to complete the **online** teacher recommendation form on our website.

Please email any questions to moira.pannepacker@jefferson.edu

Incomplete applications will not be considered. Late applications will only be considered if space is available.

PERSONAL STATEMENT

Begin your statement (250-500 words) telling us about yourself and explaining why you are interested in a health field and the Future Health Professionals Program. The essay should also include your future educational and career goals.

AGREEMENT FORM

By submitting this application, you agree to attend **all six** scheduled sessions and fully participate in activities and discussions. In addition, all information presented here is true to the best of your knowledge. You also agree to waive your right to examine your recommendation letters.

Student Signature

Date:

Parent/Guardian Consent:

I understand that my child is applying for a 6-session *virtual* Future Health Professionals Program through Thomas Jefferson University from October- December, 2021. I give permission to my child to apply. In addition, I give permission for the use of my child's final presentation and report, and photos of my child to be used on the web and in other media.

Parent/guardian Signature

Date: