

# UConn HEALTH

HEALTH CAREER  
OPPORTUNITY PROGRAMS

## AETNA HEALTH PROFESSIONS PARTNERSHIP INITIATIVE DOCTORS ACADEMY PROGRAMS APPLICATION



Sponsored By:  
UConn Health

Department of Health Career Opportunity Programs  
Aetna Health Professions Partnership Initiative (Aetna HPPI)

Please indicate the program you are applying to:

- Great Explorations Doctors Academy
- Jumpstart 9 Doctors Academy
- Jumpstart 10 Doctors Academy
- Junior Doctors Academy
- Senior Doctors Academy

### Application Checklist

*(Please keep a copy of application for your records)*

- Completed Application  
*(all applications must be signed by parent/guardian)*
- Transcript (Official)
- CT Mastery Test (CMT/SBAC) Scores
- Personal Essay
- Two Teacher Recommendations  
*(Must be one math and one science teacher)*
- Financial Verification  
*(Federal Income Tax Form or State Agency Letter summarizing benefits)*
- Copy of Insurance Card

### What is the Aetna HPPI Doctors Academy?

- It is a six-week summer enrichment program for students enrolled in Greater Hartford area schools with priority given to students enrolled in Hartford Public Schools.
- Provides enrichment experiences both inside and outside of the classroom.
- Provides classes in language arts, math, science, career and college awareness preparation, integrating SAT and ACT strategies, and support across the curriculum.
- Provides assessment and evaluations throughout student's affiliation with the Aetna HPPI Doctors Academy Programs. The program includes pre, mid, and post testing of students; student and parental surveys; mid and final progress reports; etc.
- Sponsors 30 Saturday Academies during the academic year where students can continue to strengthen their academic skills and college preparation, as well as exposure to careers in health professions.

Parent/Guardian Orientation Workshops are held for all students participating in the Doctors Academy Programs.

### How do I apply for the Aetna HPPI Doctors Academy Programs?

1. Be a rising 8<sup>th</sup> grader, freshman, sophomore, junior, or senior in high school.
2. Have a 'B' average or better.
3. Submit an essay.
4. Provide two letters of recommendation from a science and math teacher.
5. Have an official transcript submitted from each school attended.
6. Submit a completed application available from your counselor/teacher, [hcop.uchc.edu](http://hcop.uchc.edu), or by email.

All applicants will be interviewed prior to being selected into the Doctors Academy Programs.

### What about transportation?

Transportation will be provided for Hartford area students only.

### Are there costs?

1. There is no cost associated with this exciting program.
2. Daily breakfast and lunch will be provided to students

### When and Where?

#### **Great Explorations (8<sup>th</sup> grade):**

The six-week summer program is held at the Greater Hartford Academy of Math and Science, 15 Vernon Street, Hartford, CT 8:00 a.m.-2:00 p.m. Monday-Friday with no session on July 4<sup>th</sup> (holiday observance).

The academic year program will be held at the University of Connecticut Greater Hartford Campus, 1800 Asylum Avenue, West Hartford, CT 8:00 a.m. – 2:00 p.m. on specific Saturdays during the academic school year.

#### **Doctors Academy (9<sup>th</sup> through 12<sup>th</sup> grade):**

The six-week summer program is held at the University of Connecticut Greater Hartford Campus, 1800 Asylum Avenue, West Hartford, 8:00 a.m.-2:00 p.m., Monday-Friday with no session on July 4<sup>th</sup> (holiday observance).

The academic year program will also be held at the University of Connecticut Greater Hartford Campus, 8:00a.m. – 2:00p.m. on specific Saturdays during the academic school year.

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Last Name

First Name

Middle Initial

School

**For additional information please contact:**

Nazle Jalaludin, M.Ed.  
Community Based Educational Specialist  
Health Career Opportunity Programs  
UConn Health  
263 Farmington Avenue, MC 3920  
Farmington, CT 06030-3920  
Phone: (860) 679-4522  
Fax: (860) 679-7223  
[jalaludin@uchc.edu](mailto:jalaludin@uchc.edu)

**Where should I return my application?**

Applications should be returned to:

Tracey Higgins  
Administrative Program Assistant II  
Health Career Opportunity Programs  
UConn Health  
263 Farmington Avenue, MC 3920  
Farmington, CT 06030-3920  
Phone: (860) 679-8031  
Fax: (860) 679-7223  
[higgins@uchc.edu](mailto:higgins@uchc.edu)

**Department of Health Career Opportunity Programs website:**

[HCOP.UCHC.EDU](http://HCOP.UCHC.EDU)

Funding for all Aetna HPPI Doctors Academy programs is provided in part through grants by the Aetna Foundation and the Connecticut Collegiate Awareness and Preparation Program, Office of Higher Education, whose support is gratefully appreciated.

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# Aetna HPPI Doctors Academy Application

**Personal information must be completed by applicant  
(Please type or print legibly using ink)**

**Please Note in order to be considered for any Aetna HPPI Programs, Students must be U.S. citizens or permanent residents and must include financial documentation\* of family income.**

**\*Financial Documentation can be one of the following: Federal 1040 income tax form (not W-2) or State Agency Letter summarizing benefits**

1. Name: \_\_\_\_\_  
Last Name First Name Middle Initial
- Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**(REQUIRED)**
- Place of Birth \_\_\_\_\_  U.S. Citizen  U.S. Permanent Resident  Other (Specify) \_\_\_\_\_
2. Legal Residence: \_\_\_\_\_  
Street/Apartment/PO Box
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. \_\_\_\_\_ Home Telephone Number 4. \_\_\_\_\_ E-Mail Address Most Frequently Used
5. \_\_\_\_\_ Name of School 6. \_\_\_\_\_ Grade

## Family Information

**(All questions in this section must be answered completely)**

### For Statistical Purposes only:

- Gender:**  Male  Female
- Ethnicity:**  Black/African American  West Indian  Caucasian  Native Hawaiian  Puerto Rican  
 Mexican American/Chicano  Native American/Alaskan Native  
 Asian/Pacific Islander (specify) \_\_\_\_\_  Other (Specify) \_\_\_\_\_

FAMILY SIZE: \_\_\_\_\_ FAMILY TAXABLE INCOME: \_\_\_\_\_ (per Federal Tax form or equivalent on which you were claimed)

- Household Income Level:** Please check one:  <\$20,800  \$20,801-\$35,200  \$35,201-\$42,400  
 \$42,401-\$49,600  \$49,601-\$57,800  \$57,801-\$64,000  
 \$64,001-\$71,200  \$71,201 or greater

**Parents Marital Status:**  Married  Single  Widowed  Divorced  Separated

**Student Lives With:**  Mother and Father  Father Only  Mother Only  Natural & Step parents  Grandparent(s)  
 Other Relative(s)  Legal Guardian(s)  Foster Parent(s)  State Guardianship

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Mother's Education:**  Less than/Partial High School  High School graduate  Some college  
 Associate's degree  BA/BS degree  Graduate school  
 Professional school (specify) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Father's Education:**  Less than/Partial High School  High School graduate  Some college  
 Associate's degree  BA/BS degree  Graduate school  
 Professional school (specify) \_\_\_\_\_

Will the applicant be the First in your Immediate Family to Earn a College Degree?  Yes  No

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**Parental Permission**

I intend to have my child, \_\_\_\_\_ participate in the Aetna HPPI Doctors Academy Programs. I understand that acceptance into the Aetna HPPI Doctors Academy Programs requires participation in activities as outlined in the program description and/or schedule. I further understand that acceptance may include participation in field trips and other activities that may require travel to different locations. By signing below I understand that I am granting my child permission to attend these functions. I am also granting permission for my child to be transported to each individual event/activity by approved transportation.

I grant the Aetna Health Professions Partnership Initiative Doctors Academy Programs permission to reproduce in publications and/or via the internet any photos taken of my child while participating in program activities.

***Please circle if you are parent or guardian and sign***

**Please Print Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Federal Family Educational Rights and Privacy Act**

I hereby consent to the disclosure of student information records maintained by the Department of Health Career Opportunity Programs (HCOP) and/or the schools. This information will be maintained in a confidential manner and will be used only for the purposes of the Department of Health Career Opportunity Programs' evaluation. Use is consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other state or federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian**

I certify that the information submitted in this application is complete and true to the best of my knowledge.

**Please Print Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attention Guidance Counselors**

Please return all completed documents along with this application to the attention of:

Tracey Higgins  
Health Career Opportunity Programs  
UConn Health  
263 Farmington Avenue, MC 3920  
Farmington, CT 06030-3920  
Phone: (860) 679-8031  
Fax: (860) 679-7223  
[higgins@uchc.edu](mailto:higgins@uchc.edu)



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# Aetna HPPI Doctors Academy Programs Application

## Student Recommendation Form

Name of Student: \_\_\_\_\_

UConn Health's Department of Health Career Opportunity Programs is committed to raising early awareness among underrepresented and economically disadvantaged students interested in careers in the health professions.

**This program is for highly motivated students with a strong commitment to Science and Mathematics.**

Your evaluation of this student's ability to participate in a rigorous program is appreciated.  
**Please answer all the questions to the best of your ability.**

Evaluation Categories	Superior	Above Average	Average	Below Average	No Knowledge
Interest in Science & Mathematics					
Self-motivation					
Ability to grasp new ideas					
Attitude toward school & education					
Maturity					
Academic ability					
Potential to succeed academically					
Willingness to work hard					
Personal integrity & honesty					
Commitment towards academic achievement					

Do you feel the candidate will benefit from the Aetna HPPI Doctors Academy Programs? (Please initial all that apply)

- Yes, I do feel this candidate will benefit from this program and others like it. \_\_\_\_\_
- Yes, I do feel this candidate will benefit from this program but with additional assistance. \_\_\_\_\_
- Yes, I believe the candidate would not make it to college without such programs. \_\_\_\_\_
- No, I do not feel this program will benefit this candidate. (Please explain why)

***Please use the reverse side of this page or a separate sheet to explain why you feel this student will benefit from the Aetna HPPI Doctors Academy Programs and for any additional comments or information you may wish to share.***

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

What subject do you teach? \_\_\_\_\_ Phone \_\_\_\_\_

Teacher's E-mail \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Maturity					
Academic ability					
Potential to succeed academically					
Willingness to work hard					
Personal integrity & honesty					
Commitment towards academic Achievement					

Do you feel the candidate will benefit from the Aetna HPPI Doctors Academy Programs? (Please initial all that apply)

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Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

What subject do you teach? \_\_\_\_\_ Phone \_\_\_\_\_

Teacher's E-mail \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_