

# HEADLANDS INDIAN HEALTH CAREERS

STUDENT APPLICATION MATERIALS  
2007



*An 6-week Summer Program Designed to Increase  
The Science and Mathematics Background and  
Communication Skills of American Indian Students  
Interested in a Health Career*

**JUNE 9 - JULY 21, 2007**

**APPLICATION DEADLINE: MARCH 15**

# HEADLANDS INDIAN HEALTH CAREERS

## PROGRAM DESCRIPTION

JUNE 9 - JULY 21

**PROGRAM:** Headlands Indian Health Careers is an intense academic enrichment and reinforcement program consisting of mini-block courses in calculus, chemistry, physics, biology, writing and other communication skills (See Typical Weekly Schedule on last page). Courses are designed to increase the student's background and skills so she or he is better prepared for required college-level math and science course work in pre-health programs. These courses improve study habits for college work, raise the student's chances of success in college, and increase the probability of admission to a health professional school. Topics are presented in a series of lectures and laboratories, supplemented with individual tutorials. The program also informs students of the variety of health careers available, especially the need for American Indian health professionals. Evening discussions and special lectures concerning medicine and the healing arts in American Indian culture will be given by prominent American Indian health personnel.

**ELIGIBILITY:** American Indian (Native American) students planning to enter health careers and presently in their senior year of high school or freshman year of college are eligible to apply. Students must have completed at least two years of algebra and a minimum of two science courses and maintained a 2.50 GPA (A=4.0). Graduation from high school must be completed, and verification of acceptance to a college will be required prior to the beginning of the program.

**SELECTION:** The participants are selected primarily on the basis of:

- ! expressed plans to enter the health sciences;
- ! academic performance in science and mathematics; and
- ! motivation and aptitude for pursuing a health science career.

An attempt is made to obtain a regional representation of students from across the nation. However, the primary consideration is to select students who will benefit most from the program.

**FINANCES:** All expenses are paid. Each participant will be provided with free room, board and tuition during the eight-week program, as well as round-trip air transportation. Each participant also receives a \$500 stipend over the course of the summer.

**WARNING:** This is not a summer camp - it is an intensive and rigorous academic program. You will be expected to attend all classes and field trips, keep up with a rigorous schedule (which includes 12 hours of class, lab and study sessions per day, five days a week, with activities scheduled on weekends) and large amounts of homework, and give a formal cultural presentation (speech) and term paper concerning your tribe. If you are expecting an easy summer or vacation, you will be rudely disappointed. If, on the other hand, you are prepared to work hard and use your own initiative to take advantage of opportunities for learning and growing, your summer with the Headlands Program will offer you a better chance of achieving your goal in a health profession.

# HEADLANDS INDIAN HEALTH CAREERS

## APPLICATION INSTRUCTIONS

For your application to receive full consideration, the items described here should be mailed to the address below, **postmarked no later than March 15**. A dated receipt from a commercial carrier or the U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing.

**STUDENT APPLICATION FORM** (two pages) - All questions should be answered carefully and thoroughly. Degree of Indian Blood should be in fractional form (example: 4/4, 5/16). Note that a portion of this form has been divided into two parts: High School Seniors and High School Graduates. If you have taken any course work in college, even if you are still in high school, please complete the "Previous Collegiate Enrollment" area on page 2.

**STUDENT QUESTIONNAIRE** (on page 2 of application form) - Answer all questions carefully and thoroughly. College students should list high school and college activities in which you have participated. Please limit your answers to the space provided.

**MATHEMATICS, SCIENCE & LANGUAGE ARTS INSTRUCTOR EVALUATIONS** - Evaluation forms should be completed by the instructors with whom you have taken the most courses. Be sure to put your name on the form before you give it to your instructor. If you are a college student and have not taken courses in these disciplines in college or feel your college instructors do not know you well enough to make a fair evaluation, ask your high school instructors to complete the evaluation. You may not submit more than one form from each discipline; however, one form is required from each of the three disciplines.

Completed evaluations should be placed in a sealed envelope and returned to you to be mailed with your completed application if possible. If your evaluators wish to mail the forms directly to us, you should provide stamped addressed envelopes for them. Make sure the address on the envelopes is exactly as we have listed below. It will be your responsibility to make sure all evaluation forms are postmarked by the March 15 deadline, even if the evaluators mail them.

**TRANSCRIPT(S)** - Send a copy of your high school and college (if applicable) transcript(s) to the address below. ACT scores or SAT scores along with fall semester grades must be included. Write your name at the top of the HIGH SCHOOL TRANSCRIPT/INFORMATION REQUEST FORM, then have your high school counselor or registrar complete the form and send it to us with your transcript. This form should not be used for requesting a college transcript. However, if you have attended college, both high school and college transcripts are required. Official transcripts are not necessary. Be sure to check periodically to verify that your transcript has been mailed, or mail it with your application materials.

**ESSAY** - Typewritten or completed on a word processor. Please cover the following topics in your essay:

- ! Describe your plans for a health career including any direct involvement you have had in the health field.
- ! Describe your involvement with American Indians and/or an American Indian community.
- ! Explain why you want to participate in the Headlands Program, what you hope to gain, and how you feel the program can help you.

**TRIBAL AFFILIATION DOCUMENTATION** - You are required to provide documentation of your tribal affiliation, such as a letter from your tribe or a copy of your certification or enrollment card. A CDIB card issued by the BIA is not acceptable documentation unless your tribe notifies us in writing that the CDIB card is the official documentation recognized by the tribe.

**PERSONAL PHOTOGRAPH** - If accepted to the program, you will be required to submit a recent wallet-size photo of yourself within two weeks of notification. If you wish to send a photograph with your application please place it in a sealed envelope and write "Photo" on the outside of the envelope.

Mail your application to the address below as soon as possible. The earlier your application is received, the faster we can follow up on any missing documents and the better your chance of meeting the deadline. If you do not receive confirmation that we have received your application within two weeks of mailing, please call (405) 271-2250. Please make copies of your application materials in the event they should get lost in the mail. For your assistance, an *Application Checklist* is on the back of this page to assure that you have completed all application instructions. **Remember, it is your responsibility to see that all application materials are received by the deadline.**

HEADLANDS PROGRAM  
BSEB - 200 OUHSC  
P O BOX 26901  
OKLAHOMA CITY OK 73190-0001

# HEADLANDS INDIAN HEALTH CAREERS

## STUDENT APPLICATION CHECKLIST

Please use and retain for your records

To assure that no application requirements have been overlooked, refer to the checklist below. An incomplete application may prevent you from being selected as a participant in the program.

	<b>Date Mailed To Headlands</b>	<b>Form</b>	<b>Checklist</b>
		Student Application Form	Completed                      Signed
		Mathematics Instructor Evaluation Form	Name on form                      Remind evaluator of deadline Form sent to evaluator              Form returned /mailed
		Science Instructor Evaluation Form	Name on form                      Remind evaluator of deadline Form sent to evaluator              Form returned /mailed
		Language Arts Instructor Evaluation Form	Name on form                      Remind evaluator of deadline Form sent to evaluator              Form returned /mailed
		High School Transcript/Information Request Form	Completed Sent to Counselor/Registrar Remind Counselor/Registrar to include ACT/SAT Scores Remind Counselor/Registrar to include Fall grades Returned/mailed
		College Transcript (if applicable)	Requested                              Received/mailed
		Essay	Completed                              Addressed all topics
		Tribal Affiliation Letter	Requested                              Received/mailed

**THERE IS NO NEED TO INCLUDE THIS CHECKLIST WITH YOUR APPLICATION PACKET**

# HEADLANDS INDIAN HEALTH CAREERS

## STUDENT APPLICATION FORM

**PLEASE READ AND ANSWER ALL QUESTIONS CAREFULLY. PRINT CLEARLY IN INK OR TYPE.**

SOCIAL SECURITY NUMBER		STUDENT NAME		
		LAST	FIRST	INITIAL
SEX	DATE OF BIRTH	TRIBAL AFFILIATION		PLANNED HEALTH CAREER
		DEGREE OF BLOOD	TRIBE	

FATHER/MALE GUARDIAN		MOTHER/FEMALE GUARDIAN		# OF SIBLINGS	
NAME	OCCUPATION	NAME	OCCUPATION	BROTHERS	SISTERS

CURRENT ADDRESS & TELEPHONE NUMBER					
STREET NO.		CITY	STATE	ZIP + Four	
COUNTY OF RESIDENCE	HOME TELEPHONE (     )	FAX NUMBER (     )	E-MAIL ADDRESS		

PERMANENT ADDRESS & TELEPHONE NUMBER (if different from above)					
STREET NO.		CITY	STATE	ZIP + Four	
COUNTY OF RESIDENCE	HOME TELEPHONE (     )	FAX NUMBER (     )	E-MAIL ADDRESS		

<b>HIGH SCHOOL SENIORS ONLY</b>					
HIGH SCHOOL ATTENDING					GRADUATION DATE
NAME	CITY			STATE	
COLLEGES/UNIVERSITIES TO WHICH YOU HAVE APPLIED					PLANNED MAJOR
INSTITUTION 1	CITY		STATE		
INSTITUTION 2	CITY		STATE		
INSTITUTION 3	CITY		STATE		
Institution 1 Response:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted on Probation	<input type="checkbox"/> Have not received notice	<input type="checkbox"/> Other _____	
Institution 2 Response:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted on Probation	<input type="checkbox"/> Have not received notice	<input type="checkbox"/> Other _____	
Institution 3 Response:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted on Probation	<input type="checkbox"/> Have not received notice	<input type="checkbox"/> Other _____	

<b>HIGH SCHOOL GRADUATES ONLY</b>					
HIGH SCHOOL ATTENDED				DATE GRADUATED	
NAME	CITY			STATE	

If you have attended college since graduation, complete "Previous Collegiate Enrollment" on the back of this form.  
 If you have not attended college since graduation, have you applied to college for this coming fall?    Yes (see below)    No

COLLEGES/UNIVERSITIES TO WHICH YOU HAVE APPLIED					PLANNED MAJOR
INSTITUTION 1	CITY		STATE		
INSTITUTION 2	CITY		STATE		
INSTITUTION 3	CITY		STATE		
Institution 1 Response:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted on Probation	<input type="checkbox"/> Have not received notice	<input type="checkbox"/> Other _____	
Institution 2 Response:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted on Probation	<input type="checkbox"/> Have not received notice	<input type="checkbox"/> Other _____	
Institution 3 Response:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted on Probation	<input type="checkbox"/> Have not received notice	<input type="checkbox"/> Other _____	

**PREVIOUS COLLEGIATE ENROLLMENT**

List all colleges & universities attended in order to attendance. List each only once even if enrollment was broken, giving first & last terms. It is the applicant's responsibility to provide COMPLETE transcripts from each institution attended. If more than three institutions were attended, list those on a separate page.

INSTITUTIONS ATTENDED	CITY	STATE	DATES OF ATTENDANCE	
			FROM	TO
			FROM	TO
			FROM	TO

**STUDENT QUESTIONNAIRE**

What is your family's yearly income? (approximate) \$ We are required to report this information to our funding source, and you may have to verify the amount if you are accepted into the program.

1. Describe your personality and how you see yourself relating to others:

2. Describe your long-term goals or career objective:

3. Describe those traits you possess that will be beneficial in pursuing a health career:

4. How would your friends describe you?:

5. Are you familiar with your tribal language?  Yes  No  
If you answered "Yes"  Speak  Read  Write How fluent?

6. List other summer or academic programs (either career-oriented or enrichment, i.e., Upward Bound, HCOP, INMED, etc.) in which you have participated:

NAME OF PROGRAM	SPONSORING ORGANIZATION	LOCATION (CITY, STATE)	DIRECTOR'S NAME	ATTENDANCE DATES

7. List sports, clubs, school, church and community activities in which you have participated:

**ALL APPLICANTS**

I hereby affirm that to the best of my knowledge all information furnished on these forms is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for participation. If, for any reason, it becomes necessary for me to withdraw my application, I agree to notify the Headlands Program immediately so that I will not deprive someone else of a chance to participate.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# HEADLANDS INDIAN HEALTH CAREERS

## MATHEMATICS INSTRUCTOR EVALUATION - Page 1

APPLICANT'S NAME:

**ATTENTION EVALUATOR:** The applicant named above is applying for the Headlands Indian Health Careers Program. This is an eight-week summer program designed to increase the science and mathematics backgrounds and communications skills of American Indian students planning health careers. This academic enrichment and reinforcement program consists of mini-block courses in calculus, chemistry, physics, biology, writing and other communication skills and is designed to increase the students' backgrounds and skills so they may achieve levels of performance necessary for rigorous college academics. Topics are presented in a series of lectures and laboratories and are supplemented with individual tutorials.

**NOTE: This is not a summer camp; it is an intensive and rigorous academic program sponsored by the University of Oklahoma College of Medicine. Applicants expecting an easy summer or a vacation will be rudely disappointed.**

We are seeking your help as one who has had personal contact with this individual and can provide information on his/her qualities that might relate to his/her performance in the program. Where possible, please expand by giving specific instances or descriptions of behavior. Your frank and objective responses to the requested information will be pertinent to our decision and greatly appreciated. Be assured that your responses will remain in strict confidence. The selection committee views with skepticism any reference which is over-praiseworthy in all areas and shows no weaknesses of the applicant. In such cases we feel the applicant is probably over qualified for the program.

After completing both sides of the evaluation, make a copy for your files. Return this form to the applicant in a sealed envelope or if you wish, mail the form yourself. The applicant has been asked to provide you with a stamped addressed envelope. Please mail it to the address below by **March 15**. If you have any questions regarding the completion of this form, please contact us at (405) 271-2250.

HEADLANDS PROGRAM  
BSEB - 200  
P. O. BOX 26901  
OKLAHOMA CITY, OK 73190-3040

How many years have you known this student, and in which of your courses has he or she been enrolled?

What observations have you made concerning the applicant's motivation toward a health career and his/her capabilities of pursuing a health career?

To what extent do you feel this applicant is capable of rigorous college academics?

**Comments:**

## MATHEMATICS INSTRUCTOR EVALUATION - Page 2

Each of the following characteristics is important for success in the Headlands program and the health professions. Please note student's strengths and weaknesses in each area. If necessary we will attempt to help students improve in areas of weakness. If a simple check does not adequately represent the applicant's behavior, please explain in the space below. Also, feel free to comment on any particular characteristic using the space provided on page 1.

**Strength    Weakness**

<b>Academics</b>	Applicant accomplishes difficult academic work.
<b>Learning Skills</b>	Applicant displays the ability to comprehend new learning material and demonstrates understanding of the material.
<b>Punctuality</b>	Applicant arrives at scheduled events on time.
<b>Communication</b>	Applicant possesses good communication skills.
<b>Following Directions</b>	Applicant follows directions and completes assigned tasks.
<b>Motivation</b>	Applicant exhibits a desire to increase knowledge and skills needed to become successful.
<b>Adaptability</b>	Applicant adapts to new situations and difficult circumstances
<b>Emotional Stability</b>	When under stress the applicant reacts in a mature and dependable manner.
<b>Leadership</b>	Applicant demonstrates leadership skills.
<b>Authority</b>	Applicant respects authority and works within stated rules and regulations.
<b>Responsibility</b>	Applicant accepts responsibility and assumes moral and mental accountability for personal actions.
<b>Integrity</b>	Applicant exhibits honesty in dealing with others.
<b>Concern for Others</b>	Applicant is sensitive to the views and feelings of others in various situations.
<b>Interpersonal Relations</b>	Applicant develops positive relationships with peers and others.

**Overall Recommendation:** Check the statement which you feel to be most applicable:

I recommend the applicant highly as a good candidate for the Headlands Program.

I recommend the applicant with reservations as a candidate for the Headlands Program.

I feel the applicant is over qualified and would not benefit from the Headlands Program.

I do not recommend the applicant as a candidate for the Headlands Program.

SIGNATURE	PRINTED NAME	
POSITION	PHONE NUMBER	DATE
ADDRESS		

Check if you are interested in receiving materials about the Headlands Program to inform other students.



# HEADLANDS INDIAN HEALTH CAREERS

## SCIENCE INSTRUCTOR EVALUATION - Page 1

APPLICANT'S NAME:

**ATTENTION EVALUATOR:** The applicant named above is applying for the Headlands Indian Health Careers Program. This is an eight-week summer program designed to increase the science and mathematics backgrounds and communications skills of American Indian students planning health careers. This academic enrichment and reinforcement program consists of mini-block courses in calculus, chemistry, physics, biology, writing and other communication skills and is designed to increase the students' backgrounds and skills so they may achieve levels of performance necessary for rigorous college academics. Topics are presented in a series of lectures and laboratories and are supplemented with individual tutorials.

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HEADLANDS PROGRAM  
BSEB - 200  
P. O. BOX 26901  
OKLAHOMA CITY, OK 73190-3040

How many years have you known this student, and in which of your courses has he or she been enrolled?

What observations have you made concerning the applicant's motivation toward a health career and his/her capabilities of pursuing a health career?

To what extent do you feel this applicant is capable of rigorous college academics?

**Comments:**

## SCIENCE INSTRUCTOR EVALUATION - Page 2

Each of the following characteristics is important for success in the Headlands program and the health professions. Please note student's strengths and weaknesses in each area. If necessary we will attempt to help students improve in areas of weakness. If a simple check does not adequately represent the applicant's behavior, please explain in the space below. Also, feel free to comment on any particular characteristic using the space provided on page 1.

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**Overall Recommendation:** Check the statement which you feel to be most applicable:

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I recommend the applicant with reservations as a candidate for the Headlands Program.

I feel the applicant is over qualified and would not benefit from the Headlands Program.

I do not recommend the applicant as a candidate for the Headlands Program.

SIGNATURE	PRINTED NAME	
POSITION	PHONE NUMBER	DATE
ADDRESS		

Check if you are interested in receiving materials about the Headlands Program to inform other students.

# HEADLANDS INDIAN HEALTH CAREERS

## LANGUAGE ARTS INSTRUCTOR EVALUATION - Page 1

APPLICANT'S NAME:

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HEADLANDS PROGRAM  
BSEB - 200  
P. O. BOX 26901  
OKLAHOMA CITY, OK 73190-3040

How many years have you known this student, and in which of your courses has he or she been enrolled?

What observations have you made concerning the applicant's motivation toward a health career and his/her capabilities of pursuing a health career?

To what extent do you feel this applicant is capable of rigorous college academics?

**Comments:**

## LANGUAGE ARTS INSTRUCTOR EVALUATION - Page 2

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**Overall Recommendation:** Check the statement which you feel to be most applicable:

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 I recommend the applicant with reservations as a candidate for the Headlands Program.  
 I feel the applicant is over qualified and would not benefit from the Headlands Program.  
 I do not recommend the applicant as a candidate for the Headlands Program.

SIGNATURE	PRINTED NAME	
POSITION	PHONE NUMBER	DATE
ADDRESS		

Check if you are interested in receiving materials about the Headlands Program to inform other students.

# HEADLANDS INDIAN HEALTH CAREERS

## STUDENT TRANSCRIPT / INFORMATION REQUEST FORM

**APPLICANT'S NAME:** \_\_\_\_\_

**COUNSELOR OR REGISTRAR:** The above named student is applying for the Headlands Indian Health Careers Summer Program. He or she is requesting that a copy of his or her transcript (unofficial is acceptable) be sent to the address below by **March 15**. The transcript must contain ACT scores or SAT scores and fall semester grades.

HEADLANDS PROGRAM  
BSEB - 200  
P. O. BOX 26901  
OKLAHOMA CITY, OK 73190-3040

**TRANSCRIPT INFORMATION:** Due to the difficulty in interpreting some transcripts, please provide the following information:

GRADING SCALE: (If your grading scale is numeric rather than alpha, complete the following grid - Ex: 100 - 90)

G.P.A. \_\_\_\_\_ based on # \_\_\_\_\_ semesters

A = \_\_\_\_\_ - \_\_\_\_\_

Rank: \_\_\_\_\_ / \_\_\_\_\_

B = \_\_\_\_\_ - \_\_\_\_\_

Graduation Date: \_\_\_\_\_ (MM/DD/YY)

C = \_\_\_\_\_ - \_\_\_\_\_

D = \_\_\_\_\_ - \_\_\_\_\_

F = \_\_\_\_\_ - \_\_\_\_\_

ACT Scores:      ENG: \_\_\_\_\_      MATH: \_\_\_\_\_      READ: \_\_\_\_\_      SCI: \_\_\_\_\_      COMP: \_\_\_\_\_

SAT Scores:      VERB: \_\_\_\_\_      MATH: \_\_\_\_\_

**COURSE OFFERINGS:** *Please read carefully.* In the spaces provided, please check which math and science courses are offered by your school, not just courses this student has taken. On the blank lines provided, list math and science courses your school offers that we have not included in our listing.

### MATH COURSES OFFERED

### SCIENCE COURSES OFFERED

General Math	Algebra II	Gen/Phy Science	Chemistry I
Pre-Algebra	Trigonometry	Biology I	Chemistry II
Algebra I	Pre-Calculus	Biology II	Physics I
Geometry	Calculus	Adv. Biology	Physics II

SIGNATURE	PRINTED NAME	
POSITION	PHONE NUMBER	DATE
ADDRESS		

Check if you are interested in receiving materials about the Headlands Program to inform other students.

**PLEASE MAIL THIS FORM AND TRANSCRIPT TO THE ADDRESS ABOVE AS SOON AS POSSIBLE TO ASSIST THE APPLICANT IN MEETING THE DEADLINE**

# HEADLANDS INDIAN HEALTH CAREERS

## TYPICAL WEEKLY SCHEDULE

TIME	MONDAY		TUESDAY		WEDNESDAY	THURSDAY		FRIDAY		SATURDAY	SUNDAY		
7:15					Breakfast					Unscheduled	Unscheduled		
7:30	Breakfast		Breakfast			Breakfast		Breakfast					
7:45					Travel to OUHSC								
8:00	Mathematics		Chemistry			Physics		Communications		Breakfast			
8:30					University of Oklahoma Health Sciences Center Visit	Guest Lecturer		Physics		Excursion Trip	Breakfast		
9:00	Chemistry		Communications			Mathematics		Mathematics			Church Option		
9:30						Chemistry		Chemistry			Unscheduled		
10:00	Communications		Physics			Lunch		Lunch					
10:30	Physics		Mathematics			Lunch		Lunch					
11:00					Lunch		Lunch		Lunch				
11:30	Lunch		Lunch		Lunch		Lunch		Lunch				
12:00													
12:30													
Group	A	B	A	B		A	B	A	B				
1:00	Chem Lab	Math Lab	Break	Physics Lab	OUHSC Visit Continued	Chem Lab	Break	Comm Lab	Physics Lab	Excursion Continued	Lunch		
1:30		Comm Lab	Math Lab				Physics Lab	Physics Lab			Math Lab	Math Lab	
2:00	Comm Lab	Chem Lab	Physics Lab	Math Lab		Physics Lab	Chem Lab	Physics Lab	Math Lab		Comm Lab	Clean Dorms	
2:30						Math Lab						Break	Comm Lab
3:00						Math Lab						Break	Comm Lab
3:30											Unscheduled		
4:00	Recreation		Recreation		Return	Recreation		Recreation		Return			
4:30													
5:00													
5:30	Dinner		Diner		Dinner	Dinner		Dinner		Dinner	Dinner		
6:00											Unscheduled		
6:30													
7:00													
7:30													
8:00	Study/ Tutoring		Study/ Tutoring		Study/ Tutoring	Study/ Tutoring		Friday Night At The Movies		Study/ Tutoring			
9:00													
10:00													
11:00													
12:00	Lights Out		Lights Out		Lights Out	Lights Out		Lights Out		Lights Out			