

Youth Medical Explorers Application



Please type or print legibly in BLACK ink.

Consideration for acceptance into the program depends on your responses to the questions below. Please be thorough and thoughtful in your legible answers.

Application to be filled out by the student, not the parent.

Personal Information

Full Name	Preferred Name
Address	City, State, Zip
Home Phone	Student's Cell phone
Date of Birth	Male / Female
E-mail Address	Parents Name

School Information

School	
Grade in 2019-20	Who referred you to the program?

*The YME program is offered as a fall semester **or** a spring semester program. Please choose the session that fits the best with your schedule. We will make every effort to accommodate your needs, however due to application numbers we can not guarantee placement in a specific session.*

Please rate your preference with 1 being your first choice and 2 being your second choice. Please mark "either" if you do not have a preference of which session you attend.

___ Fall YME – September–December ___ Spring YME – January–April ___ Either session is fine

Grade in 2019-20: _____

Extracurricular Involvement

Please list the school activities/organizations you are involved with and the days and time per week you are involved. Include practice times and games if applicable. (Example: Tue/Thurs. 3:30 – 6pm)

Activity	Day/Time
Activity	Day/Time
Activity	Day/Time

Please list the civic, community, religious, or other activities you are currently involved with and number of hours per week you are involved. (Example: Tue/Thurs. 3:30 – 6pm)

Activity	Day/Time
Activity	Day/Time
Activity	Day/Time

Are you currently employed? ___No ___Yes If yes, how many hours per week do you work? _____
Will this conflict with YME? _____

If you need more room for your answers please attach extra sheets.

Did you apply to the Youth Medical Explorers program last year? YES _____ NO _____

Please explain your interest in medical/health careers.

What do you hope to gain from participation in the Youth Medical Explorers?

Have you, or are you currently participating in any medical/health career education programs in school, at Sanford or elsewhere? If yes, please describe.

Please name three (3) of your strengths that would make you well suited for a career in the health care field.

IMPORTANT:

Completed applications must be postmarked no later than **April 12, 2019**.

Applications received after the deadline will not be accepted.

All applicants will be notified in writing of the Selection Committee's decision by May 17, 2019.

Return by mail to: **Susie Munyer –Rt. 0114**
 Sanford Health
 PO Box 2010
 Fargo, ND 58122

Or by fax: **(701) 234-7230 Attn: Susie Munyer**

Or by E-mail: **susan.munyer@sanfordhealth.org**