

Northwestern Medicine Discovery Program Application 2016 – First Year Applicants

Introduction:

Thank you for your interest in Northwestern Medicine’s Discovery Program. To meet increased demand for the Discovery Program and to serve our growing health system, we are excited to announce the creation of two chapters: NM Discovery Program Central/North and NM Discovery Program West. Additional chapters may be added as our system continues to grow.

Please read the following directions carefully as the application process has changed.

NM Discovery Program Central/North and NM Discovery Program West:

Students participating in the Discovery Program Central/North chapter will attend meetings at Northwestern Memorial Hospital in downtown Chicago. Students participating in the Discovery Program West chapter will attend meetings at Northwestern Central DuPage Hospital and Northwestern Delnor Hospital. All participants are responsible for their own transportation to and from each location. The programs at both locations will be similar, though not identical; there will be some joint activities as scheduling permits.

Students shall apply to participate in the Program chapter based on county residency. Applications and materials MUST be delivered to the appropriate office (see page 3); applications or materials delivered to the wrong office will NOT be reviewed. For the 2016 application, we are NOT accepting applications outside of the below listed counties:

NM Discovery Program Central/North:

- Cook
- Lake
- Will
- McHenry

NM Discovery Program West:

- Dekalb
- Kane
- DuPage
- Kendall
- Lee
- Ogle

Please note: geographic restrictions only apply to first year applicants. Those students entering year two of the NM Discovery Program will continue to attend meetings at Northwestern Memorial Hospital regardless of residency. Please see Second Year Reenrollment Application.

Eligibility: Applicants must:

- ✓ be at least 15 years of age
- ✓ be entering sophomore or junior year of high school
- ✓ have an academic GPA of at least 3.0 (on a 4.0 GPA scale)
- ✓ commit to the two year program, including attendance at all Discovery Program meetings and community service activities
- ✓ commit to abide by all Discovery Program Guidelines and Policies (available online: <http://community.nm.org/nm-discovery-program.html>)

Application Requirements: Applicants must submit the following. *Incomplete applications, or applications sent to the wrong location, will NOT be reviewed.*

- Written Application
 - Neatly written or typed
- Personal statement: Describe why you are interested in discovering careers in healthcare.
 - Successful applicants will be specific in their response
 - Statement must meet the following criteria:
 - Typed in essay format
 - Times New Roman font, 12 point
 - Single spaced
 - One inch (1") margins
 - 300-500 words; not to exceed one (1) page
 - Grammatically correct
- Essay question: If you had the opportunity to have dinner with any person (fiction/nonfiction/past/present/future/etc.) who would you choose and why? And what would you eat?
 - Successful applicants will fully answer the question including: who, why, and what.
 - Statement must meet the following criteria:
 - Typed in essay format
 - Times New Roman font, 12 point
 - Single spaced
 - One inch (1") margins
 - 300-500 words; not to exceed one (1) page
 - Grammatically correct
- Academic recommendation
 - Submit one (1) letter of recommendation; additional letters will NOT be reviewed
 - MUST be from an academic reference (teacher, counselor, principal, etc.)
- Official school transcripts
 - Acceptable methods of submission: (1) signed/sealed envelope with application; (2) sent directly from school/third party processing company; (3) emailed directly from school/third party processing company to: NMDiscoveryProgram@nm.org .
- Proof of Participation in free/discounted lunch program
 - If you participate in a free/discounted lunch program at school, please attach proof of participation to your application; if accepted into the program, your participation fee will be waived.

Participation Requirements: In addition to the Application Requirements, those applicants accepted into the Discovery Program will be required to submit the following before/at Orientation. *Do NOT send with Application:*

- Program fee: \$50 (includes all NM-sponsored activities and a t-shirt)
 - Check or money order only (no cash)
 - Fee waived with proof of free/reduced lunch program
- Northwestern Medicine Discovery Program Guide Signature Page
 - Signed by BOTH applicant and parent/guardian/legal representative
- Northwestern Medicine Discovery Program Consent Page
 - Signed by applicant's parent/guardian/legal representative

Directions: Only complete applications, containing all requirements listed above, will be reviewed.

- All parts of the application must be submitted together in the following order:
 1. Written application
 2. Personal statement
 3. Essay question
 4. Letter of recommendation
 5. Proof of participation in free/discounted lunch program (if applicable)
 6. Official School transcript (unless mailed/emailed directly from school/third party company)
- All application materials must be in one (1) package/envelope. Incomplete applications will NOT be reviewed.

Dismissal: Applications will NOT be reviewed for the following reasons.

- Application is not received/postmarked by the deadline (i.e. is late)
- Application is incomplete
- Application (or materials) is delivered to the wrong office
- Application is out of order
- Applicant does not follow the directions

Application Deadline:

- Applications must be postmarked by Wednesday, September 21, 2016.
- Hand delivered applications will be accepted until 5:00pm on Friday, September 23, 2016.
- Electronic applications will NOT be accepted.
- Deliver/mail completed applications to:

NM Discovery Program Central/North:

Northwestern Memorial Hospital
Community Services Department
211 East Ontario, Suite 1750
Chicago, IL 60611
Attn: Holly Manprisio

NM Discovery Program West:

Northwestern Delnor Hospital
Community Health Services Department
300 Randall Road
Geneva, IL 60134
Attn: Jennifer Simmons

Notification:

All complete applications are carefully reviewed by a committee. Applicants should not expect to hear from the Discovery Program regarding participation until late October 2016 via email.

Questions:

For questions about the application process, please call or email:

- NM Discovery Program Central/North: Holly Manprisio at: 312.926.7147 or htrandel@nm.org
- NM Discovery Program West: Jennifer Simmons at: 630.208.5510 or Jennifer.simmons@cadencehealth.org

Application
First Year Applicants

Name: _____

Street Address: _____

City/State/County: _____

Phone (Home): _____ Phone (Cell): _____

Email Address: _____

Date of Birth: _____ Age: _____

Gender: _____ Shirt Size (S, M, L, XL): _____

High School: _____ Grade (10th/11th): _____

Overall GPA: _____ Weighted: _____ Un-weighted: _____

I am applying to the **Central/North** chapter as a resident of:

- Cook
- Lake
- Will
- McHenry

I am applying to the **West** chapter as a resident of:

- Dekalb
- Kane
- DuPage
- Kendall
- Lee
- Ogle

Parent/Guardian:

Name: _____

Phone Number: _____

Do you participate in a free/discounted lunch program? (If yes, please attach proof of participation to this form and your participation fee will be waived.)

- Yes
- No

Does a family member work at NMHC or one of its affiliates? Yes / No (circle one). If Yes:

Name: _____ Relationship: _____

Department: _____ Work phone #: _____

How did you find out about the program?

- School Counselor/Teacher
- Friend
- Former Medical Explorer/Discoverer(name): _____
- Other: _____

Application First Year Applicants

Involvement: List your extracurricular and community service involvement (high school years only.) Include: activity, length/dates of involvement, time commitment, and any type of position(s) held. Please limit your responses to this form.

Activity	Dates of Involvement	Time Commitment	Position

Personal References: Please list names and phone numbers of three (3) personal references of people that would recommend you for this program.

1. School Staff Person: _____ Phone: _____
2. Adult Outside of School: _____ Phone: _____
3. Friend/Peer: _____ Phone: _____

Signatures: I certify that I fully understand the requirements and policies of the Discovery Program. I understand that, if accepted into the Discovery Program, I will be expected to pay the Program fee/provide fee waiver as well as complete the Program Guide and Consent forms. All the information I have provided in this application is truthful and accurate.

Signature of applicant: _____ **Date:** _____

Signature of parent/guardian: _____ **Date:** _____