LAPS Eve and Gene Black Summer Medical Career Program Application 2022

PLEASE NOTE: this application must be completed in one sitting. Answers cannot be saved. LAPS recommends that prior to beginning, you review the sample application found on the LAPS website under Eve and Gene Black Summer Program tab and the application instructions for the following application sections:

- 1. 3 essays questions
- 2. Letter(s) of Recommendation
- 3. Extracurricular Activities AND Honors/Awards

	SUBMISSION DEADLINE: Tuesday, February 15, 2022 at midnight (PST)					
*	Required					
1.	Email *					
Р	ersonal & Contact Information					
2.	First Name *					
3.	Last Name *					
4.	Date of birth *					
	(Must be 16 years or older to apply and currently in 11 or 12th grade)					
	Example: January 7, 2019					
5.	Street Address 1*					
	Applicants must live within Los Angeles County or its adjacent counties					
6.	Street Address 2					
	Applicants must live within Los Angeles County or its adjacent counties					
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7.	City * Applicants must live within Los Angeles County or its adjacent counties					

8.	. Zip Code * Applicants must live within Los Angeles County or its adjacent counties					
9.	9. Email Address - should be personal email, NOT your school emai					
10.	Additional email address (if you wish to have second email liste	d)				
11.	Your cell phone number * xxx-xxx-xxxx					
12.	Parent cell phone or home number * xxx-xxx-xxxx	_				
13.	Parent email address *	-				
14.	Did you apply last year? * Mark only one oval. Yes No					
15.	Current grade * Mark only one oval. 11th grade 12th grade					
16.	High School Name *					
17.	High School City *	-				

19.	Career Advisor/Counselor email address *										
Cal	ssion Pref										
Ses	ssion Pret	erences									
20. Which type of program(s) are you interested in being considered for? *											
	Mark onl	y one oval.									
	In-person only Skip to question 21										
	Virtual only Skip to question 23										
	Bot	th									
In-Person Program Session Choices			Facilities, dates and requirements are subject to change. If selected to participate, you must be available for ALL of the dates as indicated on the application that your chosen facility is hosting this internship - no days off, no exceptions. Every participant is responsible for their own daily transportation to & from their selected facility. (Please refer to Facility Address and Requirement list on website) You may select up to 3 programs/sessions. However, your application will only be sent to your 2nd or 3rd choice if there is a need for more applications or if your 1st choice withdraws their program.								
			for more applications or if your 1st choice withdraws their program. There are 10 program choices listed. Please be sure to scroll across to see all choices.								
			There are	ro program choi	ces listed. Pleas	e be sure to scr	on across to see a	all choices.			
21.	vaccinat			fully vaccina posters upor		D-19, includii	ng a booster (dose if eligibl	e, and can pr	ovide pro	of of
22. Please rank the sessions you would like to participate in. (You MUST meet the requirements for any program and be able to provide your own daily transportation. Please refer to Facility Address and Requirement list o (Programs marked with * require that you reside in Los Angeles County). If you do not wish to select a 2nd a please scroll to select the "No 2nd Choice" or "No 3rd Choice" boxes. *						n LAPS w	ebsite)				
Mark only one oval per row.											
		Adventist Health 7/25- 8/05	*Harbor UCLA Medical #1 from 7/11- 7/22	*Harbor UCLA Medical #2 from 7/25- 8/05	*Olive View UCLA Medical from 7/11- 722	Ortho Institute for Children 7/25-8/05	Pacific Ocean Pediatrics #1 from 7/11-7-22	Pacific Ocean Pediatrics #2 from 7/25-8-05	Providence Tarzana 7/11-7/22	No 2nd Choice	No 3rd Choice
	First Choice										
	Second Choice										
	Third Choice										

18. Career Advisor/Counselor name *

Virtual Program Session Choices

Select your options below. Please note that if you apply to an in-person program and are not selected or the in-person program is cancelled, you have the option to be considered for the virtual program.

23.	Which virtual session(s) would you like to participate in? *						
Mark only one oval.							
	July 11-21, 2022 - Monday - Thursday from 10:00 am to 12:15 pm						
	July 25	5 - August 4, 2022 - Monday - Thursday from 10:00 am to 12:15 pm					
	O No pre	ference/either session					
	O I do no	ot want to be considered for the virtual program.					
		This section is VERY important and carefully read by facility program coordinators and LAPS Board members.					
		Limit: 3 pages to answer ALL three (3) questions/prompts.					
		1. What initiated/motivated/inspired your interest in the medical field? This may be a person, an experience and/or a key moment in your					
ESSAY QUESTIONS		education.					
		2. What qualities does a good healthcare provider possess? Tell us about you - background/character/abilities; why will you make a good healthcare provider?					
		3. It is often said that what you put into this program is what you get out of it. What do you plan on investing into this program and what do you hope to learn? How will all of this impact your overall career goals?					
24. Upload the document containing all 3 answers to the essay questions *							
Files submitted:							
Letter(s) of Recommendation		1 required, 2 may be submitted. Your letter(s) must be submitted using the Letter of recommendation submission form link (below). You may upload the letter(s) yourself, or send the submission form link to your recommender(s) for them to submit it on your behalf. The submission form link can also be found on the LAPS website. (Any other method of sending a letter of recommendation will need to be pre-authorized by LAPS Administration.) Letter of recommendation submission form: https://bit.ly/3INvXq7					
 25. I understand that my application will be considered incomplete until at least one letter of recommendation has been submitted through the Letter of recommendation submission form (link above). * Check all that apply. Yes 							
Upload Extracurricular Activities AND Honors/Awards		Limit: 2 pages; may format as a resume. List AND Explain any club, activity, achievement, academic &/or non-academic whose name does not indicate what it is or what it does; include your position & length of time involved. Include school/community volunteer service, job/life experience/skills/talents. Do NOT send award certificates. For further info see Application Instructions & FAQs for samples.					
26.	Upload Extr	acurricular Activities AND Honors/Awards * tted:					