

**2009 STARLAB: MIDDLE & HIGH SCHOOL
PREPARATON FOR CAREERS IN PUBLIC HEALTH
PREVENTION**

APPLICATION PACKAGE



**ASSOCIATION OF MINORITY HEALTH PROFESSIONS
SCHOOLS, INC.**

1190 West Druid Hills Drive, Suite T-50 Atlanta, GA 30329 Phone: 678.904.4217

www.minorityhealth.org



STARLAB MIDDLE SCHOOL AND HIGH SCHOOL PREPARATION FOR CAREERS IN PUBLIC HEALTH

ABOUT THE STARLAB PROGRAM

The Association of Minority Health Professions Schools, Inc. and the Centers for Disease Control and Prevention (CDC) in collaboration with the Atlanta chapter of the National Organization for the Professional Advancement of Black Chemist and Chemical Engineers (NOBBChE) launched StarLab Middle and High School Preparation for Careers in Public Health in 1992. It is a six week summer enrichment program designed to encourage under-represented minorities to consider pursuing careers in the public health science. Middle and high school age students throughout metro Atlanta who have displayed math and science acumens will be provided with the tools to assist them with becoming the next generation of scientists. Annually the program targets 40-50 junior high and high school students. During the program, students are exposed to laboratory demonstrations and hands on laboratory experiments on selected topics in chemistry, biology, medical technology and engineering. In addition, students are able to network/interact with minority scientist from local colleges, agencies and laboratories. Each student is exposed to an average of 84 classroom hours, 84 laboratory hours and 32 field hours.

THE GOALS AND OBJECTIVES ARE AS FOLLOWS:

- To introduce students to a variety of health science careers directly related to biology, chemistry, microbiology, and medical technology.
- To show students examples of physical, chemical, biological, and mathematical principals and how they relate to health science.
- To assist the students in learning that scientific principals apply to all living systems.
- To highlight some basic tools that are essential for success in science careers (scientific literature, computers, and laboratory equipment and laboratory safety precautions).
- To assist the students in planning and conducting scientific experiments, collecting data, drawing conclusions from the data (introduction to use of simple statistics) writing the results and presenting the results verbally.
- To introduce the students to minority scientists and to encourage networking and consultation.



ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS, INC.

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Phyllis R. Champion, MA
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January 30, 2009

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Tuskegee University
College of Veterinary
Medicine, Nursing
& Allied Health
Tuskegee, Alabama

Xavier University of Louisiana
College of Pharmacy
New Orleans, Louisiana

Thank you for your interest and support of the *Starlab Middle School and High School Preparation for Careers in Public Health Summer Program*. The Association of Minority Health Professions Schools, Inc. (AMHPS) in conjunction with the National Organization for the Professional Advancement of Black Chemists and Chemical Engineers' (NOBCCHE) offer the Starlab Program. Our participants will receive an exciting summer enrichment opportunity to transform their career outlook.

The training and experience of the Starlab program will assist students in their future academic endeavors by enhancing their knowledge, skills and abilities in science while improving upon their analytical and critical thinking skills. The program exposes students to laboratory demonstrations and hands on laboratory experiments on selected topics in chemistry, biology, medical technology and environmental science health awareness. Additionally, the Starlab program introduces program participants to a wide variety of health science related career options. The ultimate goal of the program is to influence students to pursue careers in public health. Participants have the added benefit of being afforded networking opportunities with minority scientists to encourage career consultation. I urge both students and parents to take advantage of this wonderful opportunity.

Sincerely,

Phyllis R. Champion

Phyllis R. Champion, MA

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STARLAB MIDDLE SCHOOL AND HIGH SCHOOL PREPARATION FOR CAREERS IN PUBLIC HEALTH

STARLAB APPLICATION GENERAL DIRECTIONS:

Carefully read and review this entire package before completing application.

DO NOT STAPLE ANY PORTION OF THE APPLICATION PACKAGE. ALL APPLICATIONS SHOULD BE PAPERCLIPPED UPON RETURN. COMPLETE THIS APPLICATION IN ITS ENTIRETY. DO NOT SKIP OR OMIT ANY QUESTIONS. THERE ARE FOUR PARTS TO THIS APPLICATION.

PART I (INFORMATION): This should be read by both student and parent. The following (4) pages of this application contain a welcome letter, and information about the Starlab program and its sponsors as well as the Starlab discipline guideline. It is not necessary to return any of those pages with this application.

PART II (STUDENT APPLICATION): This is the body of the application and the only portion that the student applicant should complete. The application consists of a total of (4) pages the (first (3) pages are the actual application and the last is a blank page for the required narrative). In addition to the application, the most recent grade report card must be submitted.

PART III (TEACHER RECOMMENDATION): Included in the application are (2) teacher recommendation forms which are required from every applicant. Students should submit a form from two separate referees (science, math, technology teachers, principal, etc.)

PART IV (PARENTAL/GUARDIAN CONSENT FORMS): For your convenience, all waiver forms that require parent/guardian consent/release (excluding the discipline agreement form; ***please refer to the discipline guidelines in PART I of the application*** for this consent form) are located on one document. This includes: photo and likeness release, evaluation consent form, and a release and waiver of liability. This form must be completed before the student can participate in the program.



STARLAB MIDDLE SCHOOL AND HIGH SCHOOL PREPARATION FOR CAREERS IN PUBLIC HEALTH

ABOUT OUR SPONSORS:

The Association for Minority Health Professions Schools, Inc. (AMHPS)

The Association for Minority Health Professions Schools, Inc. (AMHPS) is a 501 (c)(3) nonprofit, educational, scientific and charitable organization. Through programs and funding, it provides support for professional education, research and prevention programs to our member institutions AMHPS. Our primary mission is to engage the collective resources, scholarship and technology of member institutions to facilitate and promote optimum health among poor and minority people. To learn more about AMHPS and our member institutions, please visit the website at www.minorityhealth.org

The National Organization for the Professional Advancement of Black Chemist and Chemical Engineers (NOBCChE)

The National Organization for the Professional Advancement of Black Chemist and Chemical Engineers (NOBCChE) is a 501(c) 3 professional society of approximately 4000 scientists, engineers, and others dedicated to promoting the disciplines of chemistry and chemical engineering within the minority community. NOBCChE was created to promote the professional excellence of African-American chemists and chemical engineers. Since its inception, NOBCChE has remained steadfast in its commitment to the professional and educational growth of underrepresented minorities in the sciences. The mission of NOBCChE is to build an eminent community of scientists and engineers by increasing the number of minorities in these fields. To learn more about NOBCChE, please visit the website at www.nobcche.org

The Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) is one of the 13 major operating components of the Department of Health and Human Services (HHS). Since its inception 1946, to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Today, CDC is the premier organization of its kind and is globally recognized for conducting research and investigations and for its action oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies. This is a characteristic that distinguishes CDC from its peer agencies. To learn more about the CDC, please visit the website at www.cdc.gov



STARLAB MIDDLE SCHOOL AND HIGH SCHOOL PREPARATION FOR CAREERS IN PUBLIC HEALTH DISCIPLINE GUIDELINES

DISCIPLINE GUIDELINES:

Unlike academic based programs Starlab is enrichment program provided to students and participation in the program is at the will and discretion of program administrators. Students are held responsible for their actions and should behave in an appropriate manner. Below please find a list of infraction which can result in dismissal from the Starlab Program:

1. Engaging in dangerous behavior including but not limited to: fighting, hitting, rough housing and physical abuse.
2. Damaging or stealing someone else's property.
3. Insubordination or defying authority.
4. Using disrespectful and abusive tone of voice, language and/or gestures.
5. Exhibiting disruptive behavior that prevents the teacher from maintaining order or prevents other students from learning.
6. Bullying or threatening behavior towards peers.
7. Failure to follow laboratory safety procedures.
8. Failure to cooperate/participate fully in program activities are grounds for dismissal. This includes but is not limited to: Falling asleep in lectures or classroom activities and failure to complete assignments.

DISCIPLINARY PROCEDURES

Due to the nature and short time period in which the Starlab Program is offered disciplinary problems will not be tolerated.

Students will receive (1) verbal warning from the teacher. Should the behavior continue after the warning, the parent/guardian will be notified to pick the child up for the day. The parent will also receive a written warning about the child's behavior. Should the behavior occur towards the end of the day the student will be given a (1) day cooling off period and a written warning. The student will be allowed to return the following day. The written warning will clearly state the next course of action should the inappropriate behavior persist. Parents/Guardian will have to sign and return the document. Should the behavior persist, per the written warning the parent/guardian will be notified accordingly, and the child will be banned from further participation on all forthcoming activities.

I am aware that my child's participation in the Starlab program is voluntary and failure to comply with the rules can result in program expulsion.

I _____ have read and understand the program agreement.
(Parent/Guardian Signature)

I understand that my participation is voluntary and failure to comply with the rules can result in program expulsion. I have read and understand the discipline agreement and my signature below acknowledges my willingness to comply with all rules set forth.

I _____ agree to fully participate in the Starlab Program.
(Student's Name)



STARLAB SUMMER PROGRAM

APPLICATION FOR ADMISSION

HOW DID YOU HEAR ABOUT THE STARLAB PROGRAM? (please circle)		
Teacher/Counselor	Relative	Returning Student
Friend	Newsletter	AMHPS EMPLOYEE
AMHPS Member School	CDC	Other:

IF YOU ARE A RETURNING STUDENT, PLEASE CIRCLE PREVIOUS YEARS OF PARTICIPATION				
2008	2007	2006	2005	2004

PLEASE INDICATE YOUR INTEREST IN THE SCIENCE FIELDS BELOW					
	NOT INTERESTED	SOME WHAT INTERESTED	INTERESTED	VERY INTERESTED	I DON'T KNOW THIS SUBJECT
GENERAL SCIENCE					
LIFE SCIENCE					
PHYSICAL SCIENCE					
CHEMISTRY					
MATHEMATICS					

DO YOU PLAN TO ATTEND COLLEGE?

WHAT DO YOU WANT TO STUDY IN COLLEGE? (you may list multiple answers)

INDICATE WHERE YOU MAY WANT TO ATTEND COLLEGE (you may list multiple answers)



STARLAB SUMMER PROGRAM

APPLICATION FOR ADMISSION

LAST FOUR DIGITS OF STUDENT'S SS #

GENDER (PLEASE CIRCLE)

MALE

FEMALE

APPLICANT'S NAME: (LAST, FIRST, MI)

MAILING STREET ADDRESS

CITY, STATE AND ZIP CODE

PHONE NUMBER

APPLICANT'S E-MAIL ADDRESS

PARENT'S/ GUARDIAN NAME (LAST, FIRST)

WORK PHONE

E-MAIL ADDRESS

1. EMERGENCY CONTACT NAME (LAST, FIRST)

EMERGENCY CONTACT PHONE NUMBERS (please list two numbers)

2. EMERGENCY CONTACT NAME (LAST, FIRST)

EMERGENCY CONTACT PHONE NUMBERS (please list two numbers)



STARLAB SUMMER PROGRAM

APPLICATION FOR ADMISSION

NAME AND ADDRESS OF SCHOOL LAST ATTENDED
School Name:
School Address:

LAST GRADE COMPLETED	
6th Grade	8th Grade
7th Grade	9th Grade

AGE	
11 yrs. old	12 yrs. old
13 yrs. old	14 yrs. old
Other:	

RACIAL ETHNIC BACKGROUND (please circle all that apply)		
African American	Hispanic/Latino	American Indian/ Alaskan Native
Asian American/ Pacific Islander	Multi-racial	Caucasian
Other:		

HOW IS YOUR HEALTH? (please circle)			
Excellent	Good	Fair	Poor

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? IF SO, PLEASE LIST BELOW:

LIST ANY MEDICAL CONDITIONS OR DISABILITIES

LIST ALL INTERESTS, HOBBIES, AND EXTRACURRICULAR ACTIVITIES



STARLAB SUMMER PROGRAM

APPLICATION FOR ADMISSION

TEACHER RECOMMENDATION

TEACHER RECOMMENDATION

TEACHER NAME: _____

SUBJECT AREA: _____

RECOMMENDATION FOR: _____

DO YOU RECOMMEND THIS STUDENT FOR PARTICIPATION IN STARLAB SUMMER PROGRAM

HIGHLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

PLEASE GIVE SPECIFIC INFORMATION FOR RECOMMENDING THIS STUDENT. PLEASE INCLUDE SPECIFIC INFORMATION ABOUT PERSONAL QUALITIES AND ACADEMIC ACHIEVEMENT



STARLAB SUMMER PROGRAM

APPLICATION FOR ADMISSION

TEACHER RECOMMENDATION

TEACHER RECOMMENDATION

TEACHER NAME: _____

SUBJECT AREA: _____

RECOMMENDATION FOR: _____

DO YOU RECOMMEND THIS STUDENT FOR PARTICIPATION IN STARLAB SUMMER PROGRAM

HIGHLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

PLEASE GIVE SPECIFIC INFORMATION FOR RECOMMENDING THIS STUDENT. PLEASE INCLUDE SPECIFIC INFORMATION ABOUT PERSONAL QUALITIES AND ACADEMIC ACHIEVEMENT

**Association of Minority Health Professions Schools, Inc.
PROGRAM AGREEMENT FORM**

Photo and Likeness Release

I _____ hereby grant permission for the Association of Minority Health Professions Schools, Inc. to copy, use or reproduce any and all images or likeness, motion pictures and or other records of the 2008 Starlab Summer Program for every legitimate purpose. These images will be reproduced in brochures, handouts and website images. I understand that there will be no compensation for the use of any images and my signature below releases the Association of Minority Health Professions Schools, Inc., its Board of Director, its members, and its officer agents or employees from any and all claims, rights, and causes of actions of whatsoever nature.

Evaluations Consent Agreement

Students selected to participate in the Starlab Summer Program are administered two evaluations. A baseline evaluation to provide data on their science knowledge and a post evaluation to determine progress. The information provided by these evaluations will assist in improving the program and securing continued funding. Please note that all information provided will be kept confidential. We request the last 4 digits of the participant's social security number for tracking purposes only. In order to use the information provided, we require parental/guardian consent. Please sign the statement below to indicate consent of the uses of all information provided by the evaluation to be implemented within the course of the Starlab Program.

Release and Waiver of Liability

I hereby consent to any medical services that the staff deems necessary in the case of an emergency. Furthermore, I individually and on the behalf of the participant release and indemnify the National Organization for Black Chemist and Chemical Engineers (NOBCCHE), Clark Atlanta University, the Association of Minority Health Professions Schools, Inc. its Board of Director, its members, and its officers, agents or employees from any and all claims, demands, rights, and causes of actions of whatsoever kind or nature arising from and by any and all known and unknown foreseen and unforeseen bodily and personal injury, damage to property, and the consequences thereof, including death resulting from participation in the program.

I _____ have read and understand the program agreement.

(Parent/Guardian Signature)

I am aware that my child's participation in the Starlab program is voluntary and failure to comply with the rules can result in program expulsion.

I _____ agree to fully participate in the Starlab Program.

(Student's Name)

I understand that my participation is voluntary and failure to comply with the rules can result in program expulsion. I have read and understand the discipline agreement and my signature below acknowledges my willingness to comply with all rules set forth.

Any questions or concerns with regard to this discipline plan can be addressed by Allison Hornbuckle, Program Associate at (678) 904 – 4455 or via email at ahornbuckle@minorityhealth.org