

Young Doctors DC

Application



ADDITIONAL INFORMATION

Please Note: All parts of the application must be completed; including the following short answer/essay questions on a **separate sheet of paper**. Applications that are not fully completed will not be reviewed.

What are your educational goals?

What are your career plans and how do you plan to achieve them?

Why do you wish to enroll in Young Doctors DC?

In your own words, what are your qualifications for the program and the reasons that you should be selected to participate in Young Doctors DC?

*Academic transcripts should also be included in this application. Unofficial transcripts and or copies of the most recent report card may be accepted instead of official transcripts. **Please note that there is NOT a minimum GPA requirement for this program. All are encouraged to apply!**

I certify that the information given on this application is true. I wish it to be used to determine my eligibility to participate in the Young Doctors DC. If I am accepted as a participant, I agree to abide by the rules and regulations of the program.

Applicants Signature_____ **Date**_____

Young Doctors DC
Autobiographical Essay
(Confidential)

Applicant _____ **School** _____

Please write a 300-500 word essay about your life history, paragraph form.

Information to be included:

- Information about your family
- Other persons who have played a significant role in your life
- Your likes and dislikes
- Your hobbies, talents, any recognition for performance or exhibits
- Other information about yourself that will help us get to know you
- List community service done. Provide name and location of business where service was provided.
- List extracurricular activities that you are involved in.
- List ways in which you want to impact your community currently and in the future.

Young Doctors DC
Student Application – Parent Form
(To be completed by a parent/guardian)

Father's Name _____

Address (if different from student's) _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Highest Grade Completed (circle) Elementary 8 or less High School 9 10 11 12 College 1 2 3 4 Graduate

Mother's Name _____

Address (if different from student's) _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Highest Grade Completed (circle) Elementary 8 or less High School 9 10 11 12 College 1 2 3 4 Graduate

*** Complete this section only if not living with mother or father**

Guardian's Name _____

Address (if different from student's) _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Highest Grade Completed (circle) Elementary 8 or less High School 9 10 11 12 College 1 2 3 4 Graduate

PERSONAL INFORMATION

Since you know your child best, please assess your child's relationship and self-confidence using the scales provided. Parents, additionally, please ensure the application and all forms associated with this application are completed and submitted to the address below to be reviewed and considered.

(Incomplete applications will not be reviewed)

Your child's self-confidence level:

____ Very High ____ High ____ Average ____ Low ____ Very Low

Your child's relationship with his/her friends:

____ Very High ____ High ____ Average ____ Low ____ Very Low

Your child's relationship with his/her brothers and sisters (*if applicable*):

____ Very High ____ High ____ Average ____ Low ____ Very Low

Your child's relationship with you, his/her parent(s):

____ Very High ____ High ____ Average ____ Low ____ Very Low

What areas would you like to see your child improve most while in the Young Doctors Project? How can we best serve him/her?

PARENT STATEMENT – Please read carefully before signing.

I understand that the Young Doctors DC meets on Saturdays during the academic year and for a four-week summer residential program. I understand that my child will be expected to attend regularly and participate fully in all program activities throughout his high school years.

I certify that the information I have given in this application is true. If my son is selected as a participant, I give my permission for him to attend all activities of the program. I relieve the program of responsibility for any accidents, illness or injuries which may result from participation.

PARENT/GUARDIAN SIGNATURE

DATE

APPLICATION DUE MARCH 1, 2015

Applications may be submitted via email to

info@yddc.org

or

mailed to the following address:

Young Doctors DC
1231-B Good Hope Rd., SE
Washington, DC 20020

415-496-YDDC (4332)