The Summer Gateway Program is designed to introduce underrepresented minorities and underprivileged high school students to the health careers. During the two-week program, students will take part in interactive health careers activities within each of the schools at Loma Linda University and attend college prep workshops among other activities. Select students (ages 17 ½ and older) will be considered to shadow health professionals during the third and final week of the program.

For a full description of the Gateway Program, visit www.caps.llu.edu and click on Community Programs.

Gateway 2017 Schedule
- Orientation: Sunday, July 9
- Core Program: July 10-14 and July 17-21 (two weeks, Monday through Friday)
- Health Careers Shadowing: July 24-27 (by invite only, must be 17 ½ years or older)

The following items are required for complete submission:
1. Completed application form
2. Personal Essay: How will participating in the Gateway Program help you make a difference in your community and impact your future educational goals? (200 word minimum). Attach to Application form
3. Recommendation Form completed by a teacher or pastor (see attached)
4. $35 non-refundable application fee: Made payable to LLU CAPS or a PayPal payment submitted to LLUPipelines@llu.edu

Students who will be at least 17 ½ years by July and who wish to be considered for the additional week of health careers shadowing, must ALSO submit the following items:
- Copy of complete immunization records
- Copy of current negative TB Skin Test. Recent within one year (dated after July 2016)
- Shadowing Experience waiver form (see attached)

Send OR scan and e-mail application materials to:
CAPS Office, Attn.: Tina Pruna
24945 Mound St., Councilors Student Pavilion, Room 1402, Loma Linda, CA 92354
LLUPipelines@llu.edu

Deadline for submission of complete application: Friday, May 19, 2017 by 2 PM

Contact the LLU CAPS office at 909-651-5011 for any questions.
2017 Summer Gateway Program Application

Last Name: ________________________
First Name: ________________________

Mailing Address: ____________________________________________________________

City: ________________________ State: _______ Zip Code: ______________________

Primary Phone: ________________________ E-mail: ________________________

Gender: _______ Date of Birth (mm/dd/yy): ______/_____/_____

Current Grade: □ 9th □ 10th □ 11th □ 12th T-Shirt Size: ______

GPA: _______ High School Name: ______________________________________

Race/Ethnicity: ________________________ Religious Affiliation: ________________________

Parent/Guardian 1 Name: ________________________ E-mail: ________________________

Home Address: ____________________________________________________________

City: ________________________ State: _______ Zip Code: ______________________

Primary Phone: ________________________ Occupation: ________________________

Place of Birth: ________________________ Race/Ethnicity: ________________________

Completed High School: □ Yes □ No IF yes, # of years in College: ______

Name of College: ________________________

Parent/Guardian 2 Name: ________________________ E-mail: ________________________

Home Address: ____________________________________________________________

City: ________________________ State: _______ Zip Code: ______________________

Primary Phone: ________________________ Occupation: ________________________

Place of Birth: ________________________ Race/Ethnicity: ________________________

Completed High School: □ Yes □ No IF yes, # of years in College: ______

Name of College: ________________________

Other Contact Name: ________________________ Relationship: ________________________

E-mail: ________________________ Primary Phone: ________________________
Do you currently have health insurance coverage? □ Yes □ No

Do you have any medical issues (asthma, allergies, illness, injuries, etc.)? □ Yes □ No

If yes, please list: ________________________________________________________________

List up to four honors/awards and the date received (use a separate sheet if necessary).

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

List up to four elected leadership positions and dates served (use a separate sheet if necessary).

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

List up to four extracurricular activities and dates active (use a separate sheet if necessary).

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

1. How did you hear about the Gateway Program? (Check all that apply.)

□ Flyer □ Guidance Counselor □ Teacher □ Pastor □ Loma Linda University Website

□ Past Gateway Student (or Si Se Puede) □ Other: ______________________________

2. How will you submit the $35 non-refundable application fee?

□ Cash □ Check payable to LLU CAPS □ PayPal submitted to caps@llu.edu

*Applications are not complete until all supporting documents are received.*

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<tr>
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<tr>
<td>Cash/Check/PayPal/Money Order</td>
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STUDENTS: You are given the right to inspect this recommendation form. While we shall consider recommendation forms carefully, we believe that in many instances letters written in confidence are overall of greater use in the determining a participant's qualification, ability, and promise.

Select either statement A or B below, indicating waiver of right to inspect this letter of reference.

☐ A) I have waived my right to inspect this letter of recommendation and hereby inform my recommender that this letter will be kept strictly confidential.

☐ B) Recommender is advised that I have kept my right to inspect this recommendation form and that upon enrollment I may have access to it.

Student Signature  Date

Section to be completed by recommender:

NOTE TO RECOMMENDER: You have been requested to complete this reference form. Your frank appraisal will assist in evaluating the applicant's qualifications. Please seal your recommendation in the envelope provided, sign across the seal and return the envelope to the applicant for enclosure with the application form.

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<tr>
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<th>Below Avg.</th>
<th>Average</th>
<th>Good</th>
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<tr>
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<td>3</td>
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<tr>
<td>Adaptability/flexibility</td>
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<tr>
<td>Resilience</td>
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<td>Responsibility</td>
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<td>5</td>
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<tr>
<td>Sensitivity to people from a different cultural/ethnic background</td>
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<td>Potential to succeed</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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</table>

What other information do you feel would be significant to the Gateway Admissions Committee?

In consideration of the total perspective, please rate the applicant for the Gateway Program:

☐ Highly recommended  ☐ Recommended  ☐ Some reservations  ☐ Serious reservations

Recommender Name (print): _____________________________________  Recommender Signature: ____________________________

Position/Title: ______________________  Phone: ______________________________  Date: ___________________
INSTRUCTIONS

Step I – Please read, complete, and sign Section A.

Step II – Please mail, fax, or scan/email copies of documentation listed in Section B together with your Form no later than FRIDAY, JULY 14, 2017. Paperwork received after this date will not be accepted.

Mail: Attn. Tina Pruna, 24945 Mound St, Councilors Student Pavilion Rm.1402 Loma Linda, CA 92354

Fax: (909) 558-3541 (cover sheet required) Email: llupipelines@llu.edu

SECTION A – Please PRINT

CONFIDENTIALITY AND LIABILITY STATEMENTS

My signature below indicates that I agree to adhere to a strict code of confidentiality, both verbally and in written material. All information obtained from clients/patients, their records, or computerized data is to be held in confidence. No copies of client/patient records shall be made, and no records or computer printouts, or copies thereof are to be removed from the Medical Center or its facilities unless pre-approved authorization is obtained by designated personnel. If pre-authorization is obtained, all patient information must be de-identified. Clients/patients will not be identified in any manner in paper, reports, or case studies undertaken by me unless specifically authorized by IRB/Research Study. In addition, my signature below indicates that I will, or have already read through the Orientation Guide and will take responsibility for, and will be held accountable for, all the information contained in it. I also agree that NO electronic devices and NO video/photo-taking will be permitted anywhere in our facilities. Failure to abide by this Statement will result in the immediate termination of my experience.

Also, as an observer I hereby waive, release and forever discharge Loma Linda University Health (LLUH) and its affiliated entities, associates, partners, agents, employees and volunteers of and from any and all matters, claims and suits of every kind whatsoever which the above signed may have or which may hereafter accrue as a result of or in any way connected with participation in any observation at LLUH or its affiliated entities. I further agree to assume any and all risks and to release and hold harmless LLUH and its affiliated entities, partners, agents, employees and volunteers who, through negligence, carelessness, or otherwise might be liable to the above signed for any personal injuries, loss, cost, wages and any and all other damage resulting from or connected to the above signed for participation in any observation.

Lastly, I agree under penalty of perjury, and under the laws in the State of California, that the information I am providing on this Form is true. If I am granted the opportunity to observe, I agree with the Statements above, and I have read through the “Observation Orientation Guide,” and will take responsibility for the information contained in the Guide. I understand and agree that LLUH reserves the right to terminate an observation experience at any time, for any reason.

Observer Name __________________________________________ Email Address __________________________

Street/Mailing Address ________________________________________________________________

City/State/Zip __________________________________________ Phone __________________________

Observer Signature (if minor, parent must sign) __________________________ Date ___________

SECTION B – Please CAREFULLY READ each item description below.

☐ TB/PPD skin test
  □ Documentation of negative skin test results within the last 12 months.
  ■ If your test results are positive, you are required to submit a completed Health Screening Questionnaire (HSQ) before the start of your experience, and include it with your paperwork. To request an HSQ, please contact Gwen Wysocki at GWysocki@llu.edu.

☐ Tetanus, diphtheria, and pertussis (Tdap)
  □ You must have received your tetanus/diphtheria booster shot within the last 10 years.
  ■ You must have received a one-time dose of Tdap (tetanus, diphtheria, pertussis).

☐ Measles, Mumps, Rubella (MMR)
  □ Documentation of MMR vaccination date(s) OR Positive blood titer results for each of these diseases
  ■ Documentation of varicella vaccination date(s)

☐ Varicella (chickenpox) OR Positive blood titer result

Clearance Signature, Manager of Academic Relations __________________________ Date ___________

05/14 LLUGatewayProgram.doc