

Choose which session you would like to attend. You will be notified of acceptance. All based on space.

Application for:  Session 1 June 26-July 7<sup>th</sup> (1 week at Southern, 1 week at Yale)

Session 2 July 10 -July 15<sup>th</sup> (1 week at Southern, 1 week at Yale)

The Southern CT State University School of Nursing Summer Symposium is a 2-week summer program that seeks to foster, affirm, and encourage high school sophomores and juniors to pursue a career in nursing at no cost to the student. This is a day program.

Eligibility:

- By the first day of the symposium applicants must have completed their freshman or sophomore year of high school and reached 16 years of age.
- 1<sup>st</sup> generation college student
- From an underrepresented minority group
- Demonstrate an interest in nursing.
- CT Resident and CT high school student; No housing will be provided.
- Good academic standing in high school.

Complete the SCSU Nursing Summer Symposium application form and submit your application materials by email to [nursingsymposium@southernct.edu](mailto:nursingsymposium@southernct.edu) by Wednesday, May 17<sup>th</sup>. If you do not have access to email, you may mail it to the address at the bottom of the application with the ATTN to Ms. Leilannie Quintana. The application must be postmarked by May 17<sup>th</sup>. **We do NOT require transcripts or letters of recommendation for the SCSU Nursing Summer Symposium.**

### Applicant Information

Full Name:				<i>Date</i>	
	Last:	First:	M.I.		

Address:		
	Street Address:	Apartment/Unit #:

		CT	
	City:	State (All applicants must be CT residents)	ZIP Code:

Phone:		<i>Email</i>	
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Date of Birth:		<i>Current Age.:</i>		<i>Preferred Name:</i>	
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**SUMMER  
NURSING  
SYMPOSIUM**



Gender Identity:		<i>Preferred Pronouns:</i>	
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*(Gender has no bearing on the applicant's candidacy or eligibility to participate in the program.)*

Citizenship Status:	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> DACA Recipient <input type="checkbox"/> Other: _____
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*(Citizenship status has no bearing on the applicant's candidacy or eligibility to participate in the program.)*

Ethnicity (Select all that apply):	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Latino/a or Hispanic <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other: _____
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*(Ethnicity has no bearing on the applicant's candidacy or eligibility to participate in the program.)*

**Education**

High School:			<i>City:</i>	
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Current Grade Level:		<i>Other non-English Languages Spoken:</i>	
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*Science and Math Education: List the titles and grades received for science and math courses taken in high school:*

		<i>Year Taken:</i>		<i>Letter Grade:</i>	
Course:					
Course:					
Course:					
Course:					
Course:					
Course:					

List any honors or academic awards/certificates you have received while attending high school:

Award:		Year:	
Award:		Year:	
Award:		Year:	
Award:		Year:	

List your top three career interests:

Choice 1:		Choice 2:		Choice 3:	

Do you plan to attend college?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of College:	<input type="checkbox"/> 4-year College <input type="checkbox"/> 2-year college <input type="checkbox"/> Other:
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Have you attended, or plan to attend, any other summer programs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which one(s):	
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### Extracurricular Activities

List all extracurricular and sports activities in which you have been involved while attending high school:

Activity:		Year:	
Activity:		Year:	
Activity:		Year:	
Activity:		Year:	
Activity:		Year:	
Activity:		Year:	

List any honors or academic awards/certificates you have received while attending high school:

Award:		Year:	
Award:		Year:	
Award:		Year:	
Award:		Year:	

List any jobs (paid or volunteer) that you have had during high school. Please indicate approximate hours per week worked:

Company Name:		Your Title/Position:		Hours per week:	
Company Name:		Your Title/Position:		Hours per week:	



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Company Name:		<i>Your Title/Position:</i>		Hours per week:	
Company Name:		<i>Your Title/Position:</i>		Hours per week:	
Do you/Will you have a Certified Nursing Assistant (CNA) license by the start of the Summer Symposium? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>					
<i>(A CNA license is not a requirement. This information is used to determine YNHH shadowing placement.)</i>					

**Family Background**

*This section is to be completed by the applicant's Parent(s) or Guardian(s). The information provided will have no bearing on the applicant's candidacy or eligibility to participate in the program.*

Primary Parent/Guardian Name:		<i>Date of Birth:</i>	
Occupation		<i>Email Address:</i>	
Highest Level of Educational Achievement: <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Technical or Occupational Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some college coursework completed <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional <input type="checkbox"/> Other:			

Parent/Guardian Name:		<i>Date of Birth:</i>	
Occupation:		<i>Email Address:</i>	
Highest Level of Educational Achievement: <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Technical or Occupational Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some college coursework completed <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional <input type="checkbox"/> Other:			

Parent/Guardian Name:			Date of Birth:	/	/
Occupation:		Email Address:			
Highest Level of Educational Achievement:					
<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Technical or Occupational Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some college coursework completed <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional <input type="checkbox"/> Other:					

*The following questions are to be completed by the Primary Parent/Guardian:*

Have you or your spouse/partner ever worked in the healthcare field?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have any of your children, excluding the applicant, ever gone to college or vocational school?	<input type="checkbox"/> YES, __years spent in college/vocational school	<input type="checkbox"/> NO
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How likely is it that the applicant will attend college?	<input type="checkbox"/> Very Likely <input type="checkbox"/> Somewhat Likely <input type="checkbox"/> Not Very Likely
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What would prevent the applicant from attending college or vocational school?	<input type="checkbox"/> Financial Support <input type="checkbox"/> Other: _____
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Does the applicant have health insurance? If yes, please list type of insurance.	<input type="checkbox"/> Yes, Type: _____	NO <input type="checkbox"/>
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**Essay Questions**

We are interested in why you are seeking a career in nursing and how an experience such as the SCSU Nursing Symposium can be of benefit to you. Please provide detailed answers for the following questions. Please type answers on a separate sheet of paper.

- 1. Why are you interested in nursing? What is unique about you, your life experiences, your talents, your personality that makes you – uniquely you, that makes this a good career choice for you? (150-250 words)*
- 2. Describe a health problem you have observed in your community. What are some strategies that could be used to combat this problem? (150-250 words)*
- 3. The SCSU Nursing Summer Symposium is intended for students who are from underrepresented minorities of disadvantaged backgrounds or circumstances. Describe, if any, what barriers or circumstances you face that would keep you from attending college or completing a college degree. (150-250 words)*

Not an essay question:

- 4. How did you hear about the Southern CT State University Nursing Summer Symposium*

**Disclaimer and Signature**

Participation in the SCSU Nursing Summer Symposium demands a commitment of attendance from either **Session 1, June 26<sup>th</sup> – July 7<sup>th</sup> or Session 2, July 10<sup>th</sup> – 21<sup>st</sup>, 2023 from 8:30am-3pm**. The Symposium is being planned to be offered on the SCSU campus and transportation to and from campus will be the responsibility of the applicant or applicant’s parent/guardian. Other summer activities or programs during this scheduled time are not recommended.

Upon acceptance into the SCSU Nursing Summer Symposium, admission forms will be required. Southern CT State University, School of Nursing, SCSU Nursing Summer Symposium reserves the right to remove students from the program at any time due to misconduct or non-compliance with policies and procedures. Any changes to the delivery or location of the Symposium will be based off CT Department of Health, SCSU campus, and CDC due to the COVID-19 pandemic. Participants will be notified accordingly.

*I certify that my answers are true and complete to the best of my knowledge. I certify that the submitted essay responses are my own words, and ideas were written solely by me without assistance.*

*If this application leads to acceptance into the SCSU Nursing Summer Symposium, I understand that false or misleading information in my application may result in my release.*

Applicant Signature:		Date:	
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**Contact Information:**

Southern Connecticut State University: School of Nursing  
Attention: Leilannie Quintana  
HHS 356  
501 Crescent Street, New Haven, CT 06515