

# M\*A\*S\*H 2022

BUILDING A FUTURE FOR HEALTH CARE IN LOUISIANA



**M\*A\*S\*H** is a summer program held on the campuses of Louisiana Tech and Bossier Parish Community College (BPCC) which offers 11-12 grade high school students, and incoming college freshmen interested in health careers an opportunity to learn how the basic sciences taught in high school relate to medical theories, diagnosis, careers and treatments through lab exercises and lectures. The program is designed for students with career goals and a commitment to their academic work. Students are expected to study, take tests and perform at their highest academic level. Students who successfully complete the program will earn college credit.

**Eligibility requirements:** 3.0 GPA or higher, at least 21 ACT composite score, AND completed high school biology, physics, or chemistry classes.

These intense college-level classes are condensed into a 12-day Pathophysiology course (ALHT 206) at BPCC under the direction of the Allied Health Sciences Department or Introduction to Medical Professions (ANS 289C) at LA TECH under the direction of the Department of Applied and Natural Sciences.

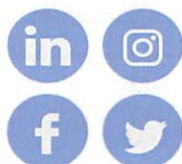
Students are required to commute to class throughout the duration of the program in June. Participants enjoy interacting with faculty, staff, and students as well as experience limited campus life activities.

## Completed application packet MUST include:

- Completed Bayou North AHEC application
- One letter of recommendation from your teacher, counselor, or high school principal
- Copy of your most recent transcript verifying 3.0 GPA
- Copy of your ACT scores (at least a 21 ACT composite score)
- Personal essay explaining why you should be selected to participate and what you hope to gain (250 words or less TYPED)

Completed application  
packets must be submitted  
by March 4, 2022

MAIL OR UPLOAD COMPLETED APPLICATION PACKETS TO [APPLICATIONS@BNAHEC.ORG](mailto:APPLICATIONS@BNAHEC.ORG)



1513 Doctors Dr., Ste. 2A  
Bossier City, LA 71111  
Phone: 318-746-0044  
Fax: 318-746-0044

# M\*A\*S\*H 2022

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED IN ORDER TO BE CONSIDERED

Last 4 Digits of Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender :  Male  Female

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity:  Afr. American  Am. Indian  Asian  Caucasian (White)  Hispanic  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Home Parish: \_\_\_\_\_ Home Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parents Name: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Cumulative GPA (must be at least a 3.0): \_\_\_\_\_ Composite ACT Score (must be at least a 21): \_\_\_\_\_

Have you participated in and completed any of the following programs:

AHEC of a Summer  Day with Doctors  Day with AHEC

List any health careers you are currently interested in: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  X-Large  XX-Large  XXX-Large

## MEDICAL INFORMATION:

Please list any medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medication for the corresponding medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student have an allergy to latex:  Yes  No Does the student have any dietary restrictions:  Yes  No

Does the student require special assistance:  Yes  No Explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## PROGRAM RESTRICTIONS AND WAIVER

**\*\* Due to the potential risk of harm to the unborn fetus, pregnant females will NOT be allowed to participate.**

**\*\*If you have COVID symptoms, as outlined by the CDC, before or during the program, you will NOT be allow to participate. Please notify the BNAHEC Office immediately**

In case of a serious illness, I hereby authorize hospital officials to make whatever arrangements necessary and to contact me immediately. I understand that it remains my responsibility to make any future changes in the information on this medical form as the need arises, by contacting Bayou North AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Bayou North AHEC, Louisiana Tech, nor Bossier Parish Community College assume responsibility for medical charges.

As the parent or guardian of the aforementioned student, I give my child permission to apply for the Medical Applications of Science for Health (M\*A\*S\*H) program. Signing below also authorizes Bayou North AHEC the use of my child's image and statements; uses include, but are not limited to: photography, videotape, organizational web site, or print media. Additionally, I grant Bayou North AHEC permission to use my child's personally identifiable information for the purposes of federal, state and grant tracking and reporting.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_