



The Edward Via College of Osteopathic Medicine (VCOM) is located in the Corporate Research Center of Virginia Polytechnic Institute and State University in Blacksburg, VA. The medical school, although private, is a collaborative partner with Virginia Tech, a relationship that promotes excellence in medical education and research. The mission of VCOM is to prepare primary care physicians who will serve the rural and medically underserved areas of Virginia, North Carolina, and the Appalachian region. It is also VCOM's objective to provide scientific research that will enhance the overall health of all humans and promote health education through community service and outreach.

With the VCOM mission in mind, the SEE program has been designed to introduce high school students in medically underserved areas of Appalachia to human anatomy and its relevance to healthy lifestyles and medicine. In pursuit of this mission, we are seeking rising 10th through 12th grade candidates from underserved regions, who are under-represented in health care fields, who have maintained at least an average GPA of 2.75, to participate in a 5-day human anatomy program. **There is no cost for this program. Students should be nominated by a teacher, guidance counselor or member of the clergy. The deadline for submission is May 1st, 2017.**

The program will be Monday - Thursday (9 am - 4:30 pm) and Friday (9 am – 1 pm). Educational activities will include: interactive lectures, lab activities in our state-of-the-art anatomy lab, cadaver pro-sections, computer programs, and on-line research and tutorials – all under the direction of our anatomy faculty and medical students. The course dates are as follows:

Males: July 10*-14, 2017

Females: July 17*-21, 2017

**Students staying in the hotel will arrive the evening before*

For students living further than 45 minutes from Blacksburg: VCOM will arrange and pay for 5 nights of lodging. Lodging arrangements will be at the Comfort Inn in Blacksburg, four students per room. Sunday is the arrival day and Friday is the day of check-out. Breakfast will be provided Monday – Friday and lunch will be provided Monday - Thursday. Evening entertainment such as movies, putt-putt golf, bowling, skating, etc. will be provided (VCOM will also provide transportation to and from the activities). Participants are expected to bring additional spending money for evening meals (typically \$8-15 per meal). We do not, however, want the cost of evening meals to prevent a selected student from accepting his or her spot in the program. If a student does not anticipate being able to meet expenses for evening meals,

he/she should submit the supplemental 1-page Meal Scholarship application (attached) to apply for a Meal Scholarship that will cover the evening meal costs. Meal Scholarships are awarded based on student participation in the National School Lunch Program for free or reduced school lunches.

For all students: Students will be expected to maintain proper attire (school district dress code). This will be **strictly enforced**. Many of the program's activities will take place in the anatomy laboratory. Therefore, open-toed shoes, shorts, hats, low-cut, halter or spaghetti strap tops, mini-skirts, sleeveless shirts, are NOT permitted during the day (Mon – Thurs). Students are advised NOT to use musical devices, cell phones and cameras during the program. Students will be expected to observe school policies (to be discussed during orientation) concerning respect to those who have donated their bodies to medical education.

Apply online at: <https://www.vcom.edu/see-application>

In addition to the online application, please complete and return the following supplemental forms: Nomination Form, Photographic Release Consent Form, Release and Waiver for Youth Alcohol Use Prevention Program, and the Meal Scholarship Application Form (if applicable).

Supplemental forms can be uploaded as part of your online application or can be mailed to:

SEE Coordinator

2265 Kraft Drive

Blacksburg, VA 24060

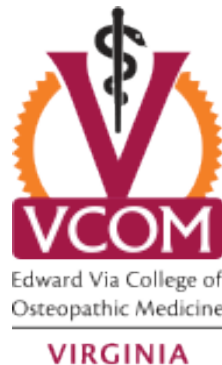
OR emailed to see@vcom.vt.edu

All applications will be reviewed by the SEE Program Selection Committee. **Notification of selected students will be completed by May 20, 2017. If you do not hear from us, please contact us. We may be having trouble reaching you. You must confirm your participation by email or phone no later than June 15. If you do not confirm, you will forfeit your spot in the program.**

Questions about the program can be emailed to SEE@vcom.vt.edu or call 540-231-8183.

Thank you for your interest!

-Kim Garnett and Dr. Brian Hill, SEE Program Coordinators



NOMINATION FORM

Applicant's Name: _____

Name of Nominating teacher, friend, counselor or clergy: _____

Are you a VCOM Faculty, Staff or Student: _____

How do you know the student? School / Church / Other

Name and Address of Affiliation: _____

Reason for Nominating:

Photographic Release Consent Form

I agree to allow my child participate in the Edward Via College of Osteopathic Medicine's Department of Anatomy Summer Enrichment Experience in Blacksburg, VA for (circle one) Boys' Week: July 10-14 or Girls' Week: July 17-21. I understand that if my child is staying in the hotel, he/she needs to be there the Sunday evening (no earlier than 5pm) before the program begins and will be picked up Friday around 12:00 pm. I have reviewed the expectations of the program.

I give the Edward Via College of Osteopathic Medicine the right to use photographs of my child in its promotional materials. I waive any right to approve the finished photographs or printed matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or any compensation arising from or related to the use of the photograph.

Signature of Parent

Date

Print Name of Participant

The SEE Program Coordinators may circulate a list of program participants' email addresses and phone numbers for the purpose of encouraging carpool arrangements and peer networking. Please check a box below:

I give full permission for shared contact info among the participants

I do NOT give my permission for contact information to be shared among program participants

Share email address only (not phone number)

Leaving boxes blank indicates your approval of sharing contact information for the purpose of supporting carpooling and networking among group participants.

Release and Waiver for Youth Alcohol Use Prevention Program

To provide permission for your student to participate in a supervised simulated golf-cart drunk-driving course administered by the Montgomery County Sherriff's office as a learning experience for SEE Program students, please sign and return the form below with your student's application packet. A student must have the signed form on file with the Sherriff's office in order to participate in this activity.



C.H. "Hank" Partin, Sheriff
MONTGOMERY COUNTY SHERIFF'S OFFICE
1 East Main Street Christiansburg, VA 24073



Telephone: 540-382-6915

Fax: 540-381-6869

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In order for my child to participate in the Youth Alcohol Use Prevention Program ("Program"), I assume the risk of any and all injury to my child by participating in the Program. As the parent/guardian of _____, a minor child ("Participant"), I hereby agree to indemnify and hold harmless the Montgomery County Sheriff's Office, the Montgomery County Schools, and the County of Montgomery, and its successors and assigns from any and all claims for any injuries suffered or caused by the said Participant due to participating in the Youth Alcohol Use Prevention Program. I grant my permission to transport said Participant to and from the Program when required and hold harmless those assigned to transport. I also agree to all transportation of said Participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to the injured said Participant when deemed necessary.

Signature of Parent or Guardian of Participant _____

Date _____

NOTE: this form must be filled out for participation of this event; also there is no alcohol involved with this program.

Meal Scholarship Application Form

****Please note: optional for long-distance students only, based on financial need**

If providing money for the evening meals is a financial burden for you, we have a limited number of Meal Scholarships to offer for this purpose. These Scholarships will be awarded based on financial need, which is assessed through confirmation of a student's enrollment in the National School Lunch Program (NSLP) which provides free or reduced cost school lunches to income-eligible families.

VCOM asks that a parent affirm his/her child's enrollment in the National School Lunch Program by signing the statement below. The statement also grants VCOM permission to seek verification of this information with the child's school principal if necessary.

Please have a parent or guardian sign the statement below:

I attest that my child, _____, is enrolled in the National School Lunch Program and receives free or reduced cost school lunches. By signing below, I am also providing my permission for my child's school principal to verify my child's enrollment in the National School Lunch Program if requested by VCOM.

Signature of Parent or Guardian

Date