

**UMKC School of Medicine
Summer Scholars Program**

PARENT INFORMATION

The UMKC School of Medicine will again host Saturday Academy, a free program for students in 11th and 12th grade. The goal of the program is to provide enrichment in chemistry and anatomy/physiology, and further develop test-taking strategies and study skills. This preparation is especially important for students interested in entering a career in healthcare or another science-intensive area of study. These skills are also necessary for students wanting to prepare for college.

While the program is designed for student development and preparation, there is also a parent component designed to assist parents in supporting their student's academic success. The parent component includes quarterly meetings that take place on Saturdays while the students are in class.

Summer Scholars takes place mid July to the end of July. Orientation is July 7th. All sessions will be conducted from 7:50 a.m. - 5:00 p.m. at:

UMKC School of Medicine
2411 Holmes Street
Kansas City, MO 64108

Students interested in Summer Scholars must meet the following requirements:

- Student in grades 11 and 12
- Must be motivated with an interest in math, science or health care careers
- Must be able to provide own transportation to and from the UMKC School of Medicine

Please review the following forms, and return signed in one of the following ways:

By mail:

UMKC School of Medicine
Office of Admissions, M1-103
Attn: Summer Scholars
2411 Holmes Street
Kansas City, MO 64108

Fax:

(816) 235-6579
Attn: Darius Jackson

Email:

jacksondarius@umkc.edu

The Parent/Guardian Consent and Commitment Statement are **due no later than Friday, April 14, 2017.**

**UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF MEDICINE
SUMMER SCHOLARS**

PARENT/GUARDIAN CONSENT AND COMMITMENT STATEMENT

I, _____, the parent/guardian of
_____ understand the objectives of Saturday Academy and
the exceptional opportunity the program offers. I have discussed the components of the program with
my child and hereby give my permission for him/her to participate in the 201__ program. I agree
and am committed to assisting my child in his/her effort to complete the program and agree to
provide/arrange transportation to/from each Summer Scholars session.

Parent/Guardian Signature

Date

Parent/Guardian Work Number

Parent/Guardian Cell Number

Emergency Contact Name

Emergency Contact Number

STUDENT COMMITMENT STATEMENT

I understand that Summer Scholars is designed to help me grow in the areas of math and science, and I will
commit to attending each session, working hard, respecting my peers and those leading the sessions, and
committing to improving in these areas.

Student Signature

**UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF MEDICINE
SUMMER SCHOLARS**

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE OF INFORMATION

_____ is interested in participating in the UMKC
(Student Name)

School of Medicine Summer Scholars. The goal of the program is to provide enrichment in chemistry, anatomy/physiology, and further develop test-taking strategies and study skills for 11th and 12th grade. Towards this end, I, _____,

(Parent/Guardian Name)

authorize _____ or the school district to release
(Name of School)

information about this student to the UMKC School of Medicine Office of Admissions beginning on _____ through the duration of the student's participation
(Today's Date)

in Summer Scholars. I authorize the release of information related to school attendance, grades and standardized test scores. I agree for the UMKC School of Medicine to use this information for the sole purpose of evaluation and improvement of the Summer Scholars program and the program's effectiveness in improving the academic achievement of its participants.

Summer Scholars Outcomes Project - I also give permission for my child or members of the family to be contacted in the future for the purpose of tracking future career choices and outcomes.

Parent/Guardian Signature

Date

Print Name

Relationship to Child

This authorization may be withdrawn at any time by written notice to:

UMKC School of Medicine
Office of Admissions, M1-103
Attn: Summer Scholars
2411 Holmes
Kansas City, MO 64108