

# FUTURE DOCS

Chattanooga-Hamilton County Medical Society and Medical Foundation of Chattanooga

## 2023 Youth Leadership Forum on Medicine Application

The Forum is offered to rising high school seniors and 2023 high school graduates interested in careers in medicine.

The forum seeks to increase student interest in the medical profession and acquaint them with resources to pursue medicine.

Program Dates: June 13-16, 2023

**APPLICATION DEADLINE - APRIL 26, 2023**

Contact Information – Typed applications preferred. Otherwise, please print neatly in ink.

|                                |  |             |                      |               |   |
|--------------------------------|--|-------------|----------------------|---------------|---|
| Name:                          |  |             |                      |               |   |
| Street Address:                |  |             |                      |               |   |
| City:                          |  |             |                      | State:        | Zip:  |
| Home Phone:                    |  |             | Cell Phone:          |               |   |
| E-Mail Address:                |  |             |                      |               |   |
| Mailing Address, if different: |  |             |                      |               |   |
| Name of School                 |  |             | Current Grade Level: | GPA:          |   |
| Date of Birth:                 |  |             |                      | Sex:          | Female <input type="checkbox"/> Male <input type="checkbox"/> |
| Father's Name:                 |  |             |                      |               |   |
| Father's Address, if different |  |             |                      |               |   |
| Mother's Name:                 |  |             |                      |               |   |
| Mother's Address, if different |  |             |                      |               |   |
| Emergency Contact:             |  |             |                      | Relationship: |   |
| Street Address:                |  |             |                      |               |   |
| Cell Phone:                    |  | Home Phone: |                      | Work Phone:   |   |

### Personal References

Please list the name, job title, relationship, and phone numbers for two personal references.

|              |  |       |  |               |  |
|--------------|--|-------|--|---------------|--|
| REFERENCE 1: |  |       |  | Relationship: |  |
| Job Title:   |  | Cell: |  | Work Phone:   |  |
| REFERENCE 2: |  |       |  | Relationship: |  |
| Job Title:   |  | Cell: |  | Work Phone:   |  |

Nomination by HS principal, guidance counselor, teacher, youth program or civic leader, employer, pastor, etc.

|                         |  |       |  |             |  |
|-------------------------|--|-------|--|-------------|--|
| Name:                   |  |       |  | Title:      |  |
| Email:                  |  | Cell: |  | Work Phone: |  |
| School or Organization: |  |       |  |             |  |

LETTERS OF RECOMMENDATION ARE HIGHLY SUGGESTED.

*Recommendation letters may be provided by a HS principal, guidance counselor, teacher, youth program or civic leader, employer, pastor, etc.*

**Please answer each question in the space provided. (Do not include attachments.)**

List extracurricular activities, leadership positions, personal achievements, awards, or recognition in the last three years. How has your participation in these activities been of benefit to you?

What do you hope to learn by participating in the Youth Leadership Forum on Medicine?

**Employment | Volunteer History**

List any job experience, paid or volunteer, and briefly explain.

Do you currently have a PT job? Yes  No  If yes, how many hours per week? \_\_\_\_\_

If yes, would your job interfere with your attendance in the YLF? Yes  No

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application and for your interest in participating in the 2023 Youth Leadership Forum.

**Agreement | Signature**

Full attendance by each participant is essential if the Future Docs YLF program is to meet its objectives. If selected, I am committed to attend and participate in each of the program sessions. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted in the program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MAIL OR DELIVER TO: Medical Society | 1917 East 3<sup>rd</sup> Street | Chattanooga, TN 37404  
Attention: Irene Gruter Email: irene@chattmd.org

