

OVERVIEW OF MENTORSHIP IN MEDICINE

The Mentorship In Medicine program is a collaboration between the Maui County Medical Society (Physicians of Maui) and Maui Memorial Medical Center. The program is entering its third year. Last year high school students were selected through a process including written applications, written essays and personal interviews. The students were paired with physician mentors for a five-week period. The students spent 4.5 days weekly with their mentor and 0.5 days weekly with the program director. The goal was to give them an in-depth and real life experience in medical science. It is our hope that this experience will sparkle or strengthen their interest in health sciences as a career.

By the 3rd week of the program, the students were expected to have identified the subject matter for the student's presentation at the end of the program. This presentation could be a case with discussion, a review of health topics, a review of a specific medical technology, a summary of a body of research, etc. At the concluding celebration, the students made formal presentations to an audience of their peers, parents and physician mentors. Certificates of Completion and educational awards were provided to each successful student.

It is our ultimate hope that some of the participants in this program will pursue careers in health science and return to Hawaii (Maui) and become the future healers of this community.

Orientations will occur the first week in June. The program will officially start the second week of June.

attached to this application.

- If you had the ability to change anything you wanted in the world, what would be the first two things you would change?

Mentorship In Medicine

Maui County Medical Society & Maui Memorial Medical Center
Summer 2007

Full Name: _____
Last First Middle

Current Address: _____
Street or PO city/state zip code

Phones: _____
Home Cell Other

In Case of Emergency Notify: _____

Relationship : _____ Phone: _____
(must be a parent or legal guardian)

Personal Statement

Please respond to the following questions. Your response should be word processed and attached to this application.

- If you had the ability to change anything you wanted in the world, what would be the first two things you would change?
- Why would you change them?
- How would you change them?

DEADLINE FOR RETURN OF APPLICATION IS APRIL 15, 2007

Mail completed applications to:

**Maui Chest Medicine
380 Huku Lii Place, Suite 204
Kihei, HI 96753**