

SHPEP - YES! WISH Summer Program at UNMC



If you are a Native American high school student who is currently enrolled in 10th, 11th, or 12th grade and you are interested in pursuing a health science career, this opportunity is for YOU!

The goal of this FREE Summer Health Professions Education Program (SHPEP), Youth Enjoy Science (YES) Weeklong Institute for Students in High School (WISH) is to strengthen the career development of Native American students underrepresented in the health professions and to improve access to information and resources that can prepare them for college success in a health-science field with a focus on cancer research. Student participants will be housed at Scott Residence Hall at the University of Nebraska at Omaha and will attend programming for 8 hours per day for one week from Sun, July 9 through Sat, July 15, 2023, at the University of Nebraska Medical Center in Omaha, Nebraska. Lodging, chaperones, meals, transportation, and programming will be provided at no cost.

Question? Contact gsaul@unmc.edu

Website: <https://www.unmc.edu/eppley/outreach/youth-enjoy-science/index.html>

Details:

- July 6– July 12, 2025
- In-person, full-time
- Exposure to Biomedicine, Public Health, Medicine, Nursing and other health professions.
- Networking with health professions students and faculty


To apply, complete the following:

- Online [SHPEP YES WISH APPLICATION](#) at or <https://rebrand.ly/SHP-EPYW25>
- [SHPEP YES WISH PERMISSION FORM](#)
- Vaccination/ Immunizations in accordance with UNMC student policies



SHPEP- YES WISH Application Checklist

- Type your *personal statement* and *diversity essay* ahead of time
 - This will help you check for the correct word count and help you check your grammar and spelling

 - Complete the **SHPEP-YES WISH Application** online **by April 4, 2025**
 - Application can be found online at: <https://rebrand.ly/SHPEPYW25> or by using your phone camera to scan the QR code to the right
 - Electronically, paste your *personal statement* and *diversity essay* into the online application
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- Complete and Send in the Parent/Guardian Permission Form
 - Have your parents fill out and sign the attached parent/guardian permission form consenting to have you participate in this program. The form can be scanned and sent electronically to gsaul@unmc.edu or submitted through the application (**no later than April 4**). The form can also be mailed to the following address postmarked (**no later than April 4, 2025**)
SHPEP-YES WISH
c/o Genesis Saul-Hooper
984365 Nebraska Medical Center
Omaha, NE 68198-4365

 - Provide Vaccination/Immunizations per UNMC student policies
 - Proof of vaccination/immunizations as outlined in the application. If you do not meet these requirements, students must contact gsaul@unmc.edu ASAP. Make sure this is submitted through the application or emailed to gsaul@unmc.edu (**no later than April 4**). These documents can also be mailed to the following address postmarked (**no later than April 4, 2025**)
SHPEP-YES WISH
c/o Genesis Saul-Hooper
984365 Nebraska Medical Center
Omaha, NE 68198-4365

 - Acceptance Notices
 - All applicants will be **notified by April 11 of acceptance status** by email provided on the application form. If the applicant does not receive a response, they can check their acceptance status by emailing gsaul@unmc.edu or calling 402-836-9368 (9am – 5 pm).

NEBRASKA'S HEALTH SCIENCE CENTER

Youth Enjoy Science

Dear High School Student,

If you are interested in pursuing a health science career, this is a great opportunity for you!

UNMC has spots for up to 12 high school students who are currently enrolled in 10th, 11th, and 12th grade to join college students in a FREE weeklong summer enrichment program for individuals interested in health science professions on Sun, July 6 – Sat, July 12, 2025.

The goal of the Summer Health Professions Education Program (SHPEP), Youth Enjoy Science (YES), Weeklong Institute for Students in High School (WISH) is to strengthen the career development of students underrepresented in the health professions and improve their access to information and resources that can prepare high school students for college success in a health-science field.

Program Location

The program will take place at the University of Nebraska Medical Center Campus. Students will be provided free overnight lodging at Scott Residence Hall at the University of Nebraska at Omaha. Each student must have transportation to Omaha to arrive by 3:00 pm on Sunday and arrange for pickup upon conclusion of the program on Saturday around 7 pm or unless communicate otherwise with a parent/guardian and program director. If needed, students can leave as early as 12:00pm. All meals and transportation during the program are provided.

Program Overview

SHPEP-YES WISH will offer students a variety of academic and career experiences:

- Introduction to opportunities in health professions with visits to colleges of medicine, dentistry, pharmacy, nursing, public health, and allied health professions
- Exploration of cancer research areas in the Fred & Pamela Buffett Cancer Center, and learn about a variety of opportunities in cancer research professions
- Discussion about cancer causes, treatments, and professions in cancer research
- Development of writing, learning, and study skills
- Clinical exposure through small-group simulation experiences and seminars
- Exposure to a larger view of health care, health systems, and the social determinants of health
- Introduction to interprofessional education that addresses effective collaboration across health professions

Eligibility Requirements

You are encouraged to apply if you:

- Are a high school sophomore, junior, or senior at the time of application
- Have a GPA that is equal to or exceeds the 50th percentile of all applications received
- Identify as American Indian/Alaska Native
- Come from an economically or educationally disadvantaged background
- Have demonstrated an interest in issues affecting underserved populations

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Application

Each applicant must fill out the online application form available:

- By clicking the hyperlink here <https://rebrand.ly/SHPEPYW25>
- Or your phone camera to scan the QR code to the right



Personal Statement (500-word limit)

- What health profession(s) are you interested in and why?
- What motivates you to learn more about your preferred health profession(s)?
- What special hardships, challenges, or obstacles may have influenced your educational pursuits?
- What do you want the selection committee to know about you that has not been disclosed in another part of the application?
- What commentary on significant fluctuations in your academic record provides detail that is not explained elsewhere in your application?

Diversity Essay (150-word limit)

SHPEP-YES WISH seeks individuals interested in advancing diversity in the health professions, reducing health care disparities, and/or improving health care for all. Please share your experiences or interest in one or all these areas.

Permission Form and Vaccination/Immunization Reporting

A parent/guardian must complete and submit the SHPEP-YES WISH parent permission form. Because students will have an official affiliation as visiting student scholars at UNMC, proof of vaccination/immunization is required for participation. If you do not meet these requirements, students must contact gsaul@unmc.edu ASAP. See [UNMC policy](#).

- These forms can be emailed to gsaul@unmc.edu or uploaded through the application.
- These forms can also be mailed to the mailing address below. All documents must be received or postmarked **no later than Friday, April 4, 2025**, to be considered. Students are responsible for ensuring that their forms are submitted on time.
- **Mailing address:**

SHPEP-YES WISH
c/o Genesis Saul-Hooper
984365 Nebraska Medical Center
Omaha, NE 68198-4365

Acceptance Notices

All applicants will be notified by April 11th of acceptance status by email provided on the application form. If you have any questions, please call (402) 836-9368 or send an email to gsaul@unmc.edu

Sincerely,

Gen Saul

Genesis Saul-Hooper

The SHPEP-YES WISH Student Program is supported in part by the Robert Wood Johnson Foundation, the UNMC NE-HEALING program, and the National Cancer Institute, Youth Enjoy Science Research Education Award.

SHPEP- YES WISH Parent/Guardian Permission Form

Parent/Guardian Initials: _____ I am the parent/legal guardian of _____, who is under the age of 19 years and who wants to participate in the Summer Health Professions Education Program (SHPEP) - Youth Enjoy Science (YES), Weeklong Institute for Students in High School (WISH). In consideration of my child's participation in the program, I hereby release and discharge the University of Nebraska Medical Center, its employees, agents, volunteers, and assignees (the "Releasees") from any and all liability, claims, claims for relief, damages, actions, causes of action and actionable wrongs of any kind, even if arising from the negligence of the Releasees, arising at law or in equity as a result of any and all actions and/or omissions of the University of Nebraska, its employees, agents, volunteers for damages or injuries occurring to my child arising out of my child's participation in the program, whether such liability or claim arises from an injury occurring on the University of Nebraska premises or elsewhere.

Child Initials: _____

Parent/Guardian Initials: _____ I understand that the SHPEP- YES WISH staff is not trained or required to administer injections or medications or to perform medical procedures. I understand that the University of Nebraska will allow participants with parental permission to self-administer medications and/or injections where such medications and/or injections are physician-ordered and -directed.

Child Initials: _____

Parent/Guardian Initials: _____ My child has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any health care provider to provide treatment promptly, whether or not I may be contacted and informed. I understand that I will be notified as soon as possible in the event of an emergency. I further authorize the program staff to examine and render emergency or urgent medical care as they deem necessary.

Child Initials: _____

In case of an emergency, please notify:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Daytime Phone: (_____) _____ - _____	Daytime Phone: (_____) _____ - _____
Mobile Phone: (_____) _____ - _____	Mobile Phone: (_____) _____ - _____

Parent/Guardian Initials: _____ Media Release Authorization: These materials can cannot contain my child's name. I do do not consent and authorize the University of Nebraska Medical Center, its employees, agents, and event partners to take photos, produce newspaper or magazine articles, television programs, video recordings, and other visual and/or audio recordings in which my child may be included in whole or in part. I understand that my child's photograph may be used for educational and public relations purposes. I waive any proprietary rights in the materials and any right to inspect or approve the finished materials prior to publication. I release the University of Nebraska Medical Center, its employees, agents, and event partners from any claims arising from the use of such materials.

Child Initials: _____

Parent/Guardian Initials: _____ I understand that short skirts/shorts, midriff tops, spaghetti straps, and the display of undergarments are not appropriate attire for this event. I will ensure that my child has appropriate clothing for this event. For the safety of my child, I will also ensure that my child has closed-toed footwear available to wear during all activities.

Child Initials: _____

Parent/Guardian Initials: _____ I understand that the program director reserves the right to refuse or dismiss a participant for just and reasonable cause. This includes but is not limited to being outside of the child's assigned room after mandatory curfew, being in an unassigned room, and/or personal vehicles without the permission of SHPEP - YES WISH staff. I understand that there is a no tolerance policy on fighting, stealing, using weapons of any kind, smoking, using drugs, and drinking alcohol. If my child engages in any of these behaviors, my child's participation will be terminated, and local law enforcement may be contacted. I understand that if my child's participation is terminated, I will be asked to pick up my child immediately, at my own expense.

Child Initials: _____

Parent/Guardian Initials: _____ I understand that my child's participation in this program is contingent on signing this permission form.

Child Initials: _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

This program is supported by federal grant funds from National Cancer Institute (# R25CA221777) and the Robert Wood Johnson Foundation (# OD021898).

Scan and email your permission form to gsaul@unmc.edu. All permission forms must be received or postmarked no later than **April 5**.
 If you are unable to access email, please mail your recommendation to: **Mailing address:** SHPEP-YES-WISH c/o Genesis Saul-Hooper
 984365 Nebraska Medical Center / Omaha, NE 68198-4365