



Cerner Scholars

2010-11 Application



Return this form and attachments to LHS Guidance Department by March 8.

Last Name _____ First name _____ School ID# _____

E-mail _____ E-mail _____ Cell Phone _____
School Home

School District _____

High School _____ Counselor _____ Graduation Year _____

Attach the following:

1. **A word-processed document (no more than 2 pages in length) answering the following questions:**
 - a. *Information technology is constantly changing the way we live and work, usually for the better. Describe something that you think IT has improved and why.*
 - b. *Describe the challenges doctors' offices and hospitals might face as they adopt healthcare technology. As a provider of that technology, what should Cerner be doing to address them?*
 - c. *In what ways do you think being a Cerner Scholar will advance your career preparation and/or college opportunities?*
2. **Current high school transcript and ACT/SAT score (if available)**
3. **A letter or other documentation from your school of your attendance rate.**
4. **Name and contact information for a teacher or school staff member who is willing to be a reference for you in the application and interview process.**

If I am selected as a Cerner Scholar, I agree to the following:

- I will follow the policies and procedures required by Cerner and my school district.
- I will perform all of the responsibilities required by the program to the best of my ability.
- If my classroom and/or on-site conduct are not satisfactory, my program participation may be discontinued and I may receive no credit.
- I will share any difficulties that arise in regards to my placement or that might jeopardize my experience with my Cerner Scholars teacher as soon as possible.
- My parent/guardian will support me in fulfilling the above requirements.

My signature certifies that I have read, understood and agreed to the above.

Student Date Parent/Guardian Date