



# VCHCA HOPE Summer Student Program

2025 Health Occupations Pipeline Education (HOPE)

Ventura County Health Care Agency (VCHCA)

The Health Occupations Pipeline Education (HOPE) Student Programming is a collaboration between the Ventura County Health Care Agency (VCHCA) departments and divisions. HOPE is supported by Instructors/Mentors from Ventura County Medical Center (VCMC)/Santa Paula Hospital, Family Medicine Residency, and Ambulatory Care.

HOPE was created to provide career exploration for local high school, community college and university students. In a few short years, HOPE has been instrumental in increasing educational opportunities, leadership and professional development for students in our community.

The program is designed to provide authentic clinical exposure and service, insight into research and evidence, opportunity to explore professional goals and expand healthcare opportunities. Equipment, supplies, and VCHCA training facilities are used to train students and expose them to new and innovative skills which we hope will inspire them to continue their higher education in healthcare, while building our future workforce.

HOPE student selection considers student opportunities, and the focus is to recruit students from historically underserved communities who would otherwise not have access to having role models or mentors in health care fields.

Our goal is to inspire the next generation of healthcare leaders for Ventura County.

The following programs are available:

**HOPE Healthcare Summer High School Students** (limited enrollment). Students must be 16 years of age by July 1, 2025 and a Junior in High School.

**HOPE College and University Students** (limited enrollment)

## HOPE Healthcare Students

Students will be exposed to a variety of healthcare pathways during this 4-week program while hosted at one of the VCHCA Clinical Sites. Programming will run 9 am – 4 pm, Monday through Friday (no programming will be offered on Friday, July 4, 2025). The objective of the program is to expose participants to key skills sets, work ethics, disciplines and fundamental elements of diverse healthcare professionals in a dynamic health care delivery arena.

The 4-week program includes our college and university level programming such that all students will be learning together.

HOPE will highlight Divisions or units of Ventura County Health Care Agency which may include Medicine, Obstetrics, Pediatrics, Oncology, Medical Specialties, BioMed Diagnostics and Technology, Information Technology (IT/Electronic Health) and Health Information Management (HIM), Nursing, Respiratory Therapy and Physical Therapy depending on availability.

### Important Dates:

- The 2025 HOPE Summer Student Program begins Tuesday, July 1, 2025 and ends Friday, July 25, 2025.
- Application Filing Period: Applications must be received no later than Friday, April 25, 2025 by email, or postmarked by Monday, April 21, 2025 (see address below).
- Letters of Recommendation are due by: 5:00 pm, Wednesday, April 30, 2025 (by mail) or by email to [HOPEProgram@Ventura.org](mailto:HOPEProgram@Ventura.org). Letters on file for other Summer Programs may be indicated as already sent on the application.
- Interviews will be held May 1 through May 21, 2025 (students will be contacted). Based on the number of applications received, the interview window may be extended.
- Students will be notified regarding participation by the HOPE Coordinator and Health Liaison by: Friday, May 30, 2025. Any additional slots will be filled by June 20, 2025.

All Summer Students will be expected to participate daily July 1 to July 25, and to attend the Culmination on Friday, July 25, 2025 to review the summer highlights and to celebrate all of our summer students.

Letters of Recommendation are required. We encourage letters to be submitted:

Emailed to:

[HOPEProgram@Ventura.org](mailto:HOPEProgram@Ventura.org)

OR

Mailed to:

Medical Education  
300 Hillmont Ave, Building 340B  
Ventura, CA 93003



## 2025 HOPE Summer Student Program

Ventura County Health Care Agency

### Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (current): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address for parent or guardian: \_\_\_\_\_

(For Applicants under the age of 18)

Language(s) Spoken/Written: \_\_\_\_\_

Which of the following best describes you? (optional, check all that apply)

- Man       Woman       Agender       Genderqueer/ Non-binary/ Gender non-conforming
- Trans Man/ Transgender Male       Trans Woman/ Transgender Female
- Not listed and wish to share: \_\_\_\_\_

Preferred Pronoun(s): \_\_\_\_\_

Which of the following best describes you? (optional, check all that apply)

- Asian or Pacific Islander       American Indian or Alaska Native
- Black or African American       Hispanic or Latino or Latinx
- Indigenous       White or Caucasian       Multiracial or Biracial
- Not listed and wish to share: \_\_\_\_\_

**For High School Student Applicants**

High School Attending: \_\_\_\_\_

High School Grade Level (Spring 2025): \_\_\_\_\_

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**For College Student Applicants**

College Attending: \_\_\_\_\_

Year in College (Spring 2025): \_\_\_\_\_

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Career Interests: \_\_\_\_\_

\_\_\_\_\_

**Please attach a recent passport-style photograph of yourself.**

**Personal Statement:**

Submit a brief biographical sketch. Include your interests and experiences, what you expect to receive from and contribute to the program, and any other information you think might be helpful in our appraisal of you as a candidate for our program.

**Previous experience:**

Tell us about any previous experience(s) in a medical or health care setting, research or other special project/service.

Please list two references from work, school, or volunteer experience(s) who will write you letters of recommendation. Letters should comment on your motivation and aptitude for learning. Please include their name, title, email address and phone number, as well as the dates and context of your association (e.g., 2020 – biology teacher; 2021 – current – work supervisor).

Deadline for receipt of letters is 5pm on April 30, 2025.

Please have your References upload their letters of recommendation to:

[HOPEProgram@Ventura.org](mailto:HOPEProgram@Ventura.org)

Reference 1

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Association: \_\_\_\_\_

Reference 2

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Association: \_\_\_\_\_

How did you learn about the HOPE Summer Student program?

Are you related to someone who works in the Ventura County Health Care Agency?

Have you applied to this program previously? If so, what year(s)?

**For email Submissions**

For all of the student applicants, please have your subject line labeled as: HOPE Student App, whether high school or college student applicant, and applicant's name.

Ex: High School HOPE Student App – [ STUDENT NAME]

For emailing Letters of Recommendation, please have your subject line labeled as Letter of Recommendation, whether high school or college student applicant, and applicant's name.

Ex: High School Letter of Recommendation – [ STUDENT NAME]