

Health Careers Summer Camp

June 7th-10th, 2010

STUDENT APPLICATION FORM

PLEASE PRINT LEGIBLY

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Birth Date _____

Email (*Required) _____

Parent's/Guardian's Name(s) _____ Daytime Phone # _____ Cell Phone # _____

1. _____

Occupation _____

Parent's/Guardian's Name(s) _____ Daytime Phone # _____ Cell Phone # _____

2. _____

Occupation _____

In case of emergency: (other than parent/guardian)

Contact _____ Phone # _____ Relationship _____

High School _____ Phone # _____ County _____

Guidance Counselor's Name _____ Your G.P.A. _____

GPA scale (ex. 4.0, 5.0)

What grade will you be entering next fall (10th, 11th or 12th)? _____

EDUCATION

Please list the **science** and **math** courses you have taken in junior high and high school and indicate **what grade you earned** in each.

Course (Ex. Biology I)	Grade (Ex. A or 94)	Course	Grade

List all academic honors/awards that you have received or for which you have been nominated.

Are you planning to continue your education after high school? If so, in what way? (e.g. training program, junior college, university, military)

EXTRACURRICULAR

Have you participated in a similar program before? If so, where and when?

What career(s) interest you?

List any school, church or community activities in which you have participated.

List your hobbies, interest and or special skills.

PROGRAM ACTIVITIES

Participants in this program are expected to be present for its entire duration. Monday, June 7th through Thursday, June 10th from 9:00am on Monday to 4:00pm on Thursday (overnight camp).

Do you have any possible conflicting commitments during these days? If so please state the reason(s), date(s) and time(s).

If selected to attend this year's camp, a shadowing/mentoring experience will be assigned to you. We will attempt to match students based on their career interests listed below.

Please list three health careers or hospital departments that you think you might be interested in shadowing over an eight-hour period. Be as specific as possible. (ex. Pediatric RN, Physical therapist, etc)

1. _____
2. _____
3. _____

** Shadowing/Mentor Experience: Selected health care professionals from the community will provide their matched student with insight and information based on their health care experience and an opportunity to follow them in their daily activities.*

ESSAY

Please neatly write or type on an attached sheet one or two paragraphs describing your interest in health careers and how you would benefit from attending this camp. Also include some personality traits you feel make you an appropriate candidate for this summer camp.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Please return this application and teacher's recommendation by April 16, 2010

Return Application and Teacher's Recommendation to:

**Coastal Area Health Education Center
C/O Miriam Easley
P. O. Box 2
La Marque, TX 77568
(409) 933-0021**



??????Questions???????

Please call Miriam Easley at Coastal AHEC at (409) 933-0021 or email at measley@cahctx.org