

Texas AHEC East Coastal Region Health Careers Summer Camp June 9th-12th, 2014

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 (11th, 12th or college)? _____

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

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 9th through Thursday, June 12th 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 **February 28, 2014***

Return Application and Teacher's Recommendation to:

**Texas AHEC East
Coastal Region
Attn: Summer Camp 2014
P. O. Box 2
La Marque, TX 77568
(409) 933-0021**



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

Please call *Isaac Mancillas* or *Lucero Salinas* at Texas AHEC East Coastal Region at (409) 933-0021 or via email at lucero.salinas@txaheceast.org.

**Texas AHEC East Coastal Region
Health Careers Summer Camp
Summer 2014
June 9th-12th, 2014**

TEACHER RECOMMENDATION FORM

STUDENT APPLICANT: Please fill out all the information on this page. Give your teacher the entire packet (application and recommendation). Your teacher will mail both the application and recommendation to us.

Name of Applicant _____
Last First MI

School Attending _____ Grade* _____

***Applicants must be currently in 10th, 11th or 12th grade**

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS: I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that all statements shall remain confidential.

Signature of Applicant _____ Date _____

Parent/Guardian's Signature _____ Date _____

NOTE TO TEACHER: The student whose name appears above is applying for admittance to the Health Careers Summer Camp for high school students. Your candid estimate of academic performance, intellectual promise and personal qualities is important to the selection committee in making final selections for this summer's camp. Because of federal legislation giving students access to educational records, we cannot guarantee the confidentiality of your statement unless **the applicant and his/her parent/guardian** have signed the waiver printed above.

Please fill out the recommendation and MAIL all three pages (application and recommendation) to Texas AHEC East Coastal Region. Recommendation must be postmarked by **Friday, February 28, 2014**. If you have any questions about writing a recommendation or the Health Careers Summer Camp please feel free to contact Texas AHEC East Coastal Region.

Texas AHEC East Coastal Region
PO Box 2, La Marque TX 77568
(409) 933-0021 (409) 933-3107 fax www.cahectx.org

TEACHER RECOMMENDATION

1. How long have you known this applicant? _____ Year(s) _____ Month(s)

2. What subject(s) have you taught this applicant?

3. ASSESSMENT OF APPLICANT'S PERFORMANCE AND POTENTIAL: Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers.

	Outstanding Top 10%	Very Good Top 25%	Satisfactory Top 50%	Average Lower 50%	No Basis for Judgment
General academic achievement					
Achievement in Science					
Scientific Motivation					
Oral Expression					
Written Expression					
Imagination/creative Potential					
Ability to interact with peers					
Ability to work independently					
Maturity Behavior					

4. Accessibility to healthcare institutions at future health career summer camps depends on the **maturity level** and **behavior** of students each year. Please comment on this student's ability to behave in professional and potentially stressful environments.

5. Teacher's overall recommendation of applicant for Health Careers Summer Camp:
Please indicate the strength of your overall endorsement of this applicant by placing a single check mark in ONE of the boxes:

Outstanding Top 10%	Very Good Top 25%	Satisfactory Top 50%	Average Lower 50%	No Basis for Judgment

6. Please comment on this student's performance and potential to benefit from this camp.

Signature of Teacher _____ Date _____

Printed Name of Teacher _____ Phone _____

Email _____

Name of School _____

Address _____

City _____ State _____ Zip Code _____