

Health Careers Summer Camp Application



July 10-14, 2017

McLennan Community College, Waco, Texas

Registration Fee: \$100

Please complete the following application and return to your teacher or counselor.

Teachers and counselors: Please mail complete application to:

Texas AHEC East-Waco Region
C/O Natalie Carroll
1722 Colcord Avenue
Waco, TX 76707

Applications are due by: May 12, 2017

Please contact Natalie Carroll at (254)753-4392, ext.12 or email natalie.carroll@txaheceast.org, with any questions.

Health Careers Camp Participant Application

Please print clearly:

Student's Name: _____

Student's Date of Birth: _____

Student's Gender: Male: __ Female: __

Student's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Student's Phone: (____) _____ Text Messages OK? Yes__ NO__

Student's Email: _____

Does student use: Facebook: __ Twitter: __ Instagram: __

Parent's Email: _____

Parent/Guardian Information:

1) Name: _____ Relation: _____

Home Phone: (____) _____ Cell phone: (____) _____

Occupation: _____ Work Phone: (____) _____

2) Name: _____ Relation: _____

Home Phone: (____) _____ Cell phone: (____) _____

Occupation: _____ Work Phone: (____) _____

Emergency Contact Information:

Name: _____ Relation: _____

Home Phone: (____) _____ Cell phone: (____) _____

Education Information:

School Name: _____ Location: _____

County: _____

Counselor's Name: _____ Phone: (____) _____

Current Grade: _____

Are you in need of financial assistance to attend health careers camp? Y __ N __

If yes, would you need full or partial assistance? Full ____ Partial ____

Please explain:

How did you find out about Health Careers Camp? (Check all that apply)

- Math Teacher Guidance Counselor Coach
 Science Teacher Newspaper Friend
 Facebook AHEC Website Other: _____

Have you participated in or completed the PALS Program? Yes No

Are you planning to continue your education after high school? If so, what is your plan?
(E.g. training program, junior college, university, military, technical school)

Have you participated in a similar program previously? If so, please provide details:

Special achievements, honors or recognitions:

Extracurricular activities, community involvement or employment:

Hobbies or special interests:

What career is most interesting to you at this time?

Is there any reason why you would be unable to attend the camp in its entirety?
(Monday, July 10- Friday July 14, 2017 from 8:00 am to 4:30 pm)

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Essay

In the space provided below, please explain why you are interested in attending Health Careers Camp. List your interests in health careers and what you plan to gain from attending this camp. Include personal characteristics that make you a candidate for the program. (Please attach additional pages if more space is needed.)

Teacher Recommendation

Dear Student: Recommendations from two teachers are required. Please provide this form to two different teachers to be completed and returned before the application deadline.

Applicant Name (print): _____

Current School: _____ Current 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.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher: The student whose name appears above is applying for admittance to the Health Careers Camp sponsored by Texas AHEC East-Waco Region. Your candid estimate of academic performance, intellectual promise, and personal qualities is important to the selection committee in making final selections for this camp. Because of federal legislation giving students access to education 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 or email to:

Texas AHEC East-Waco Region
C/O Natalie Carroll
1722 Colcord Avenue
Waco, TX 76707
Natalie.carroll@txaheceast.org

***Application materials are due by Monday, May 12, 2017.** If you have any questions about this application or Health Careers Camp, please contact Natalie Carroll at Waco AHEC: Natalie.carroll@txaheceast.org or (254) 753-4392, Ext. 12.

Teacher Recommendation

How long have you known this applicant?

What subjects have you taught this applicant?

To your knowledge, does this applicant express any interest in a future health career? If so, please elaborate.

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

Teacher's overall recommendation of applicant for Health Careers Camp:

Please indicate the strength of your overall endorsement of this applicant by placing a single check mark in **ONE** of the boxes below:

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

Below, please comment on this applicant'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

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Signature of Teacher Date

Printed Name of Teacher Phone

Email: _____

Name of School: _____

Address: _____
City State Zip

Camp Withdrawal and Refund Policy

We understand that occasionally unexpected circumstances arise in which students need to withdraw from camp. As a result, we have a *Camp Withdrawal and Refund Policy*. This policy allows for a complete refund of the camp registration fee (\$100) by written request received by the deadline below. The stipulations of this policy are listed below and must be met completely to receive the refund.

Deadline: **The camp withdrawal and refund request must be postmarked by Monday, June 26, 2017**, in order to receive a complete refund. A partial refund will be issued if written request is received on or before Friday, July 7, 2017. The request must be made by letter and must state the reason for withdrawal. Acceptable circumstances are listed below.

Justifications for Withdrawal: Circumstances for withdrawal are limited to either family emergency (illness, accident, death) or disciplinary action from the student's school. Official documentation of the disciplinary action taken by your student's school must be provided along with your letter requesting withdrawal from attending camp. You will be notified upon receipt of your request letter.

Please allow four to six weeks for processing and check disbursement of the camp withdrawal and refund request.

My signature below attests that I have read and understood the *Camp Withdrawal and Refund Policy*.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____