



**INSTRUCTIONS & INFORMATION – READ THOROUGHLY AND CAREFULLY**

**APPLICATION PACKET:      The application packet includes:**

Student Information Form	Must be completed and signed by student
Parent or Guardian Information Form	Must be completed and signed by parent or guardian
Faculty Recommendation Form	Give faculty recommendation form to a teacher or counselor that knows you well. <u>The faculty member must sign the form, verifying that you have a C+ or higher grade point average.</u> You can include faculty recommendation in your application packet or ask the faculty member to mail it to the address below. It is <u>your</u> responsibility to make sure the faculty member gets your recommendation completed.
\$10 Application Fee	<u>No cash please</u> , make check or money order payable to MAHEC

**APPLICATION DEADLINE:** Submit a completed Application Packet by **March 27, 2009 at 5pm** with \$10 application fee which will be refunded if not selected. **Applications received after the deadline and incomplete applications will not be considered.**

**SUMMER CAMP FEE:**      \$65 = TOTAL camp fee  
\$10 = minus application fee – refundable if not selected  
\$55      Total due if selected  
**\*\*Students on free or reduced lunch may be eligible for a scholarship but are still required to submit the \$10 application fee**

**MAIL COMPLETED FORMS AND APPLICATION FEE TO:** Health Careers Summer Camp  
Office of Educational Outreach  
138 Camp Building  
Western Carolina University  
Cullowhee, NC 28723

**ONLINE APPLICATION:**      You may download and print an application from: <http://healthcamp.wcu.edu>

**CRITERIA FOR SELECTION:**

- Entering the seventh or eighth grade in the 2009 – 2010 school year
- Open to all students with special emphasis on underrepresented minority and/or economically disadvantaged
- Potential interest in health careers
- An overall C+ or above grade point average
- Enthusiastic recommendation from principal, counselor, or teacher
- Permission of parent or guardian
- Payment of \$10 application fee
- Completion of **ALL** application materials
- Preference is given to students that attended the 2008 Health Careers Summer Camp

**SELECTION PROCESS:**

- Notification of selections will be made by **April 10, 2009**. Ten dollar (\$10) application fee will be returned to students not selected. Selected students will be sent additional documents that must be completed and returned to WCU no later than **April 20, 2009**, along with any balances due in order to be eligible to attend the summer camp.



MAHEC/WCU HEALTH CAREERS

SUMMER CAMP  
June 21 – 27, 2009



STUDENT APPLICATION

Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname or preferred Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digits of social security # \_\_\_\_\_

Race/Ethnicity: (please circle)

Native American      White      Asian American      African American      Hispanic/Latino

Other, please specify: \_\_\_\_\_

School

School you currently attend: \_\_\_\_\_

City: \_\_\_\_\_ School phone number: \_\_\_\_\_

Name of school official recommending you: \_\_\_\_\_ Phone: \_\_\_\_\_

In the summer of 2009, I will be a rising      7<sup>th</sup> \_\_\_\_\_      8<sup>th</sup> \_\_\_\_\_      9<sup>th</sup> \_\_\_\_\_ grader

Do you currently receive free or reduced lunch? yes \_\_\_\_\_ no \_\_\_\_\_ (please complete if requesting scholarship)

Parent / Guardian Contact Information

Mother/Guardian name \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_

Day/Work phone \_\_\_\_\_ Evening/cell Phone: \_\_\_\_\_

Father/Guardian name \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: /cell Phone: \_\_\_\_\_

Day/Work phone: \_\_\_\_\_ Evening/cell Phone: \_\_\_\_\_

Additional Information

Please list any organizations or groups that you belong to and any volunteer work that you do in the church or community:

\_\_\_\_\_  
\_\_\_\_\_

Have you participated in this camp before?    Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

Have you applied to attend this camp previously and not been selected?    Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

Have you been to the Health Adventure in Asheville in the last two years?    Yes \_\_\_\_\_ No \_\_\_\_\_

1. I am most interested in learning about the following health career occupations (circle all that apply to you):

Audiologist  
Cardiovascular Tech  
Clinical Lab Tech  
CNA  
Dental Assistant  
Dentist  
Forensics

Genetic Counselor  
Healthcare Administrator  
Health Science Librarian  
Medical Records  
Medical Assistant  
Nursing Home  
Nutritionist

Occupational Therapist  
Paramedic/EMT  
Pharmacist  
Phlebotomist  
Physical Therapy  
Physician  
Public Health

Psychologist  
Registered Nurse  
Respiratory Therapist  
Social Worker  
Speech Pathologist  
X-ray Technology

Other: (please specify) \_\_\_\_\_

2. I have completed the following certifications: First Aide \_\_\_\_ CPR course \_\_\_\_

Other \_\_\_\_\_

3. Student should list at least 3 good reasons why you are interested in attending this camp:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. What do you hope to get out of this camp experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe any family, personal, or special circumstances that may be useful in evaluating your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Would sharing a room with another camper of a different race or ethnicity be a problem? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN INFORMATION**

I would like my student to attend the 2009 Health Careers Summer Camp because:

---

---

---

---

---

---

---

---

Number of people living in the household, including this child: \_\_\_\_\_

Average annual income level for the household (*please circle one*):

\$0 - \$9,999	\$30,000 – \$39,999	\$70,000 - \$79,999
\$10,000 - \$19,999	\$40,000 – \$49,999	\$80,000 - \$89,999
\$20,000 - \$29,999	\$50,000 – \$59,999	\$90,000 - \$99,999
	\$60,000 - \$69,999	\$100,000+

Please advise us of any problems or concerns that the camp director and counselors need to know that may not permit the child to fully participate in camp activities and field trips (Examples: allergies; never been away from home; shyness; needs encouragement). All information will be held in confidence and only the camp director, counselors, or other qualified persons will have access to this information.

---

---

---

---

**THIS STUDENT HAS MY PERMISSION TO ATTEND THE 2009 HEALTH CAREERS SUMMER CAMP ON THE WESTERN CAROLINA UNIVERSITY CAMPUS.**

I understand that the camp involves the student living on the Western Carolina University campus and that this will be a supervised residential experience. The Parent or Guardian will be responsible for bringing the student to camp on Sunday, June 21, 2009 and attending the camp orientation. The Parent or Guardian will be responsible for taking the student back home and attending the closing ceremonies on Saturday morning, June 27, 2009.

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Application Deadline: March 27, 2009**

**Print, sign, and Mail to: Health Careers Summer Camp, Office of Educational Outreach, 138 Camp Building, Western Carolina University, Cullowhee, NC 28723**