MAHEC/WCU HEALTH CAREERS
SUMMER CAMP
JUNE 20 – 26, 2010

FACULTY RECOMMENDATION FORM
DEADLINE FOR SUBMISSION: MARCH 26, 2010

Name of Student: ____________________________________________________________ (Please Print)

1. Why would this student benefit from attending the MAHEC/WCU Health Careers Summer Camp?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Will this student respect the authority of the camp director and counselors?     _____Yes     _____No
   Please give an example of how this student works with persons in authority.
   __________________________________________________________________________
   __________________________________________________________________________

3. Would you describe this student as responsible and dependable?        _____Yes     _____No
   Please give an example of when this student has been responsible and/or dependable.
   __________________________________________________________________________
   __________________________________________________________________________

4. Will student be comfortable rooming with students of other racial or ethnic backgrounds? _____Yes     _____No

5. Are there any concerns or issues about this student that the camp director/counselors should be aware of (i.e., never been away from home; student is shy; needs encouragement; family hardships; problem attitude; violent or angry; doesn’t want to be part of team)?
   __________________________________________________________________________
   __________________________________________________________________________

6. How long have you known this student?   Less than 1 year ___ 1-3 years ___ more than 3 years ___

7. Additional comments: __________________________________________________________________________
   __________________________________________________________________________

    ______ Recommended    ______ Recommended with reservation    ______ Not recommended

I am verifying this student has a C+ or above grade point average.

Name (Please Print or Type) __________________________________________________________________

______________________________                     School ____________________ phone number

Signature ____________________________              Position ____________________________

Return this form no later than March 26, 2010 to: Jacquelyn Hallum, MAHEC, 501 Biltmore Avenue, Asheville, NC 28801. For additional assistance please contact Bobby Hensley at (828) 227-7397 or (800) 928-4968.