INSTRUCTIONS & INFORMATION – READ THOROUGHLY AND CAREFULLY

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

APPLICATION DEADLINE: Submit a completed Application Packet by March 26, 2010 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: Jacquelyn Hallum  
MAHEC  
501 Biltmore Avenue  
Asheville, NC 28801

ONLINE APPLICATION: You may download and print an application from: [http://healthcamp.wcu.edu](http://healthcamp.wcu.edu)

CRITERIA FOR SELECTION:  
- Entering the seventh or eighth grade in the 2010 – 2011 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 2009 Health Careers Summer Camp

SELECTION PROCESS:  
- Notification of selections will be made by April 9, 2010. 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 23, 2010, along with any balances due in order to be eligible to attend the summer camp.
MAHEC/WCU HEALTH CAREERS
SUMMER CAMP
June 20 – 26, 2010
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 2010, I will be a rising 7th _____ 8th _____ 9th _____ 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 2010 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 2010 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 20 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 26.

____________________________________________________________________________________________________
Name of Parent or Guardian (please print)   Signature of Parent or Guardian   Date

Application Deadline: March 26, 2010

Print, sign, and Mail to: Jacquelyn Hallum, MAHEC, 501 Biltmore Avenue, Asheville, NC 28801