



March 1, 2017

Dear Principals, Counselors, and Teachers:

The Mountain Area Health Education Center (MAHEC) and Western Carolina University (WCU) will host its **22nd Annual Health Careers Summer Camp** at Western Carolina University in Cullowhee, NC the week of **June 18-24, 2017**. The theme for camp is ***RX for Success!*** The camp is open to rising seventh and eighth grade students who have a potential interest in a future career in healthcare. The camp also includes a focus on leadership and personal wellness. We would like to thank you for the ongoing support that you provide your students. We would not be successful in reaching your students without support from our partners in the education community.

This camp is part of the North Carolina Area Health Education Center's (NC AHEC) mission to improve the supply and distribution of the healthcare workforce by providing support at every link of the educational pipeline. The cost to attend the camp is **\$300**, plus a **\$10** application fee. The application fee is refundable for students not selected to attend the camp. Students on free or reduced lunch are eligible for a partial scholarship and are still required to submit the \$10 application fee. **All checks or money orders should be made payable to MAHEC. No cash please.** Please see the camp brochure included in your packet for more information.

We invite all students to apply; however, special emphasis should be made to encourage minorities, rural and economically disadvantaged students to apply. Statistics show that in all health professions, minority populations continue to be underrepresented relative to the overall population in the state. The United States Department of Health and Human Services states that "increasing the number of minority health professionals are viewed as a partial solution to improving access and delivery of health care and decreasing disparities in healthcare."

Selection Criteria and Deadlines:

- **Application Packet** and **Faculty Recommendation Form** should be provided to those students who may have a potential interest in a career in healthcare.
- The application deadline is **Friday, March 31, 2017 at 4:00 p.m.** Applications received after the deadline and incomplete applications will not be considered.
- The Committee will review **completed** applications and select students based on the selection criteria with **strong emphasis** on the faculty recommendation.
- Selected students will be mailed a confirmation package on or before **Thursday, April 20, 2017** that **must** be completed and returned to WCU no later than **Monday, May 15, 2017** along with the \$300 camp fee. Students on free and reduced lunch who were approved for a partial scholarship will owe the required balance approved for your student. All payments must accompany the confirmation packet to be considered.

I want to thank you in advance for your support of this program and for helping your students take the first step toward a potential career in healthcare. Please provide your parents and students with the application packet and encourage them to complete the application prior to the **Friday, March 31, 2017** deadline. You may direct parents and students that are interested in this program to complete the enclosed application packet or download the application at <http://healthcamp.wcu.edu>. Also, feel free to make copies of any information included in this packet. The Western Carolina University Office of Educational Outreach is providing coordination of the 2017 MAHEC/WCU Health Careers Summer Camp. If you have any questions or need further assistance, please contact Bobby Hensley at WCU toll free at (800) 928-4968 or 828-227-7397 or hensley@wcu.edu or Jacquelyn Hallum at MAHEC at 828-257-4479 or jacquelyn.hallum@mahec.net.

Sincerely,

A handwritten signature in black ink that reads 'J. Hallum'.

Jacquelyn Hallum, MBA, MHA
Director, Health Careers and Diversity Education

Enclosures: Camp Brochure, Cover Letter, Camp Application, Faculty Recommendation Form



March 1, 2017

Dear Parents and Students:

I am writing about a unique and fun opportunity for you to attend the **22nd Annual Health Careers Summer Camp** sponsored by the Mountain Area Health Education Center (MAHEC) and Western Carolina University (WCU) the week of **June 18-24, 2017**. The theme for camp is ***RX for Success!*** This opportunity is open to rising seventh and eighth grade students who have a potential interest in a future career in healthcare. The camp is designed to heighten awareness of and provide students with a variety of experiences in healthcare and includes a leadership focus and personal wellness curriculum. This opportunity also allows student to discuss the classes they need to take in middle and high school in preparation for their college education and other enrichment programming. The cost to attend the camp is **\$300** plus a **\$10** application fee. The application fee is refundable for students not selected to attend the camp. Students on free or reduced lunch may be eligible for a **partial** scholarship and are still required to send the \$10 application fee. **Make check or money order payable to MAHEC. No cash please.**

Students will live on the campus of Western Carolina University (WCU) with 23 other students interested in careers in healthcare. Campers will participate in exciting activities such as tours of healthcare agencies and hospitals, career-oriented field trips, first-aid skills, CPR compression training, whitewater rafting, and cultural activities. Campers will also have opportunities to talk with members of health professions about their careers and how they reached their career goals. We have limited space; please complete the camp application as soon as possible. A brochure is enclosed with more information, including the selection criteria.

- To apply: get an application from your school guidance office or download an application from <http://healthcamp.wcu.edu> or contact the Office of Educational Outreach at WCU using the toll free number: (800) 928-4968 or (828) 227-7397.
- Give the Faculty Recommendation Form to a teacher or counselor ***who knows you well***. The faculty member must sign the recommendation form, verifying that the student has a C+ or higher grade point average. Recommendation letter must be included in a sealed envelope with the completed application packet. **It is the student's responsibility to make sure the faculty member completes the recommendation.**
- Send the **completed** application packet to: MAHEC/WCU Health Careers Summer Camp, 121 Hendersonville Road, Asheville, NC 28803 or fax (828) 257-4768 or email: healthcareers@mahec.net. The **deadline** for the application is **Friday, March 31, 2017 at 4:00 p.m.** Notification of selections and confirmation packets will be mailed on or before **Thursday, April 20, 2017**. For selected students, the deadline to return required forms enclosed in the confirmation packet and all camp fees are due no later than **Monday, May 15, 2017 by 4:00 p.m.** Applications and forms received after the designated deadlines will not be considered. Incomplete packets will not be presented to the selection committee.

We hope that you are interested in this summer camp opportunity and look forward to receiving your application. If you have any questions or need further assistance, contact Bobby Hensley, WCU, at (800) 928-4968 or 828-227-7397 or hensley@wcu.edu or Jacquelyn Hallum at 828-257-4479 or jacquelyn.hallum@mahec.net.

Sincerely,

A handwritten signature in black ink that reads 'JHallum'.

Jacquelyn Hallum, MBA, MHA
Director, Health Careers and Diversity Education

Enclosures: Camp Brochure, Camp Application, Faculty Recommendation Form



MAHEC/WCU HEALTH CAREERS
 SUMMER CAMP
 JUNE 18-24, 2017



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 | <ul style="list-style-type: none"> Give faculty recommendation form to a teacher or counselor <i>who knows you well</i>. The faculty member must sign the form, verifying that you have a C+ or higher grade point average. Include faculty recommendation in your application packet in a sealed envelope. It is the student’s responsibility to make sure the faculty member completes the recommendation. |
| \$10 Application Fee | No cash please. Make check or money order payable to MAHEC |

APPLICATION DEADLINE: Submit a completed Application Packet by **Friday, March 31, 2017 at 4:00 p.m.** with \$10 application fee. Refundable if not selected. **Applications received after the deadline and incomplete applications will not be considered.**

SUMMER CAMP FEE: **\$300.00**

****Students on free or reduced lunch may be eligible for a partial scholarship and are still required to submit the \$10 application fee ** Complete enclosed scholarship request form (page 8)**

MAIL COMPLETED FORMS AND APPLICATION FEE TO:

MAHEC/WCU Health Careers Summer Camp
 Attn: Linda Block
 121 Hendersonville Road
 Asheville, NC 28803 or
 Fax: (828) 257-4768 or email: healthcareers@mahec.net

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

CRITERIA FOR SELECTION:

- Entering the seventh or eighth grade in the 2017-2018 school year
- Open to all students with special emphasis on underrepresented minorities and economically disadvantaged students
- 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

SELECTION PROCESS:

- Notification of selections will be mailed on or before **Thursday, April 20, 2017**. The \$10 application fee will be returned to students not selected for the camp. Selected students will be sent additional documents that must be completed and returned to WCU no later than **Monday, May 15, 2017**, along with any balances due in order to be eligible to attend the summer camp.



**MAHEC/WCU HEALTH CAREERS
SUMMER CAMP
June 18-26, 2017
STUDENT APPLICATION**



Student Information

Last Name: _____ First Name: _____ Middle: _____

Nickname or preferred Name: _____ Student Email (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone Number: _____ Alternate Phone Number: _____

Gender: _____ Date of Birth: _____ Last 4 digits of social security # _____ T-shirt size: _____

Race: (please check all that apply)

Native American White Asian American African American

Latino Other, please specify: _____

Ethnicity:

Hispanic Non-Hispanic

School

School you currently attend: _____

City: _____ School phone number: _____

Name of school official recommending you: _____ Phone: _____

In the summer of 2017, I will be a rising 7th grader 8th grader Other _____

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: _____

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 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: _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Health Science Librarian | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Aesthetician | <input type="checkbox"/> Hospital Chaplain | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Cardiovascular Tech | <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Medical Interpreter | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Clinical Lab Tech | <input type="checkbox"/> Mental Health Technician | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Child Life Specialist | <input type="checkbox"/> Neonatal Nurse | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Certified Nursing Assistant (CNA) | <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Nurse Midwives | <input type="checkbox"/> Radiologist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Exercise Specialist | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Forensic Nurse | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Surgeon |
| <input type="checkbox"/> Forensic Scientist | <input type="checkbox"/> Orthodontist | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Paramedic/EMT | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Healthcare Administrator | | |

2. I have completed the following certifications: First Aid CPR course her _____

3. List at least 3 great reasons why you should be selected to attend this camp. Feel free to use a separate sheet for your answers if needed:

- _____

- _____

- _____

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

5. Are there any personal, family or special circumstances that may be useful to know in evaluating your application?

6. Would sharing a room with a 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 2017 Health Careers Summer Camp because:

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$9,999 | <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$70,000 - \$79,999 |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$80,000 - \$89,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$90,000 - \$99,999 |
| | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$100,000+ |

Please advise us of any problems or concerns that the camp director and counselors need to know that may prevent your child from fully participating 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 2017 HEALTH CAREERS SUMMER CAMP ON THE WESTERN CAROLINA UNIVERSITY CAMPUS.

I understand that during camp students live 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 18, 2017** 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, June 24, 2017**.

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Date

Application Deadline: Friday, March 31, 2017

Please sign and mail or fax to:

MAHEC/WCU Health Careers Summer Camp
Attn: Linda Block
121 Hendersonville Road, Asheville, NC 28803
Fax: (828) 257-4768 or email: healthcareers@mahec.net



MAHEC/WCU HEALTH CAREERS
SUMMER CAMP
June 18-24, 2017



FACULTY RECOMMENDATION FORM
DEADLINE FOR SUBMISSION: Friday, March 31, 2017

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 a team)?

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

7. Additional comments: _____

Recommended Recommend 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 to student in a sealed envelope before the application deadline of **Friday, March 31, 2017.***



MAHEC/WCU HEALTH CAREERS
 SUMMER CAMP
 JUNE 18-24, 2017



Request for Scholarship

PARENT OR GUARDIAN INFORMATION

I/We would like for (*student name*) _____ to attend
 the MAHEC/WCU Summer Camp.

We can afford to pay (*please check*):

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| 1. <input type="checkbox"/> \$250.00 | 3. <input type="checkbox"/> \$150.00 | 5. <input type="checkbox"/> \$75.00 |
| 2. <input type="checkbox"/> \$200.00 | 4. <input type="checkbox"/> \$100.00 | 6. <input type="checkbox"/> \$50.00 |

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

- 1 2 3 4 5 6 more than 6 (*please indicate number*) _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$9,999 | <input type="checkbox"/> \$40,000 – \$49,999 | <input type="checkbox"/> \$80,000 - \$89,999 |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$50,000 – \$59,999 | <input type="checkbox"/> \$90,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$100,000+ |
| <input type="checkbox"/> \$30,000 – \$39,999 | <input type="checkbox"/> \$70,000 - \$79,999 | |

Please advise us of **any** problems, concerns or circumstances that MAHEC should be aware of in order to make a decision regarding the provision of assistance for the student (*i.e., if the student does not receive assistance, he/she will not be able to attend; more than one child attending camp, etc.*). We want all students to have access to this opportunity regardless of economic status. *All information provided is strictly confidential.* Comments:

Please print parent name: _____

Parent signature: _____

Date: _____

Attach to camp application or return form to:

MAHEC/WCU Health Careers Summer Camp
 Attn: Linda Block
 121 Hendersonville Road, Asheville, NC 28803
 Fax: (828) 257-4768 or email: healthcareers@mahec.net