

Wyoming AHEC Healthcare Careers Summer Camp

Session II July 16 – 21, 2017 (current 8th and 9th graders)

****PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION****



Where did you hear about our Summer Camp? Flyer Teacher/counselor Friend
Healthcare Career Fair AHEC website Other: _____
Have you applied to camp in the past? Yes No. Have you attended camp in the past? Yes No

Personal Information

Date:

Name:

Last

First

Mailing Address:

City/State:

Zip:

Birthdate:

Present Age:

Check One: Male Female

Home Phone:

Student Cell Phone (if you have one):

Student Email (required):

Have you completed American Heart Association CPR? Yes No

School Name:

City:

Current Grade Level:

GPA:

Scrub Top Information Check one (*Note: these do not stretch like a t-shirt*):

Youth large Adult small Adult medium Adult large Adult X-large Adult XX-large

The Healthcare Careers Summer Camp you are applying for is sponsored by the Wyoming Area Health Education Center (AHEC). AHEC is funded in part by the U.S. Health Resources and Services Administration (HRSA), which collects demographic and personal information from our participants in order to satisfy HRSA's grant reporting requirements and to help measure our program's overall effectiveness.

Ethnicity: (check if applicable) Hispanic or Latino

Race: (check as many as apply)

American Indian or Alaskan Native Asian (Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)

Asian, other Black or African American

White, Caucasian Native Hawaiian or Other Pacific Islander

Please check any which apply:

I would be the first generation in my family to attend college I qualified for free or reduced fee school lunch program

I participated in the Healthcare Career Fair in February in Casper English was my second language

Parent and/or Legal Guardian Information

Parent/Legal Guardian Name

Parent/Legal Guardian Name

Parent/Legal Guardian Address (if different from applicant)

Parent/Legal Guardian Address (if different from applicant)

Parent/Legal Guardian Work Phone or Cell Phone

Parent/Legal Guardian Work Phone or Cell Phone

Parent/Legal Guardian Occupation

Employed (including homemaker) as

Unemployed

Parent/Legal Guardian Occupation

Employed (including homemaker) as

Unemployed

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

Average annual income level for the household (please indicate/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 - \$20,999

\$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 prevent your child from fully participating in camp activities and field trips (Examples: never been away from home; shyness; needs encouragement). ****Please note: students will be expected to walk a considerable distance each day around campus to and from buildings/activities. If you are unsure or question whether or not your son/daughter/camper is able to fulfill this requirement, please contact Natalia Tugwell-Brown at (307) 766-4908 or via email at ntugwell@uwyo.edu to discuss.**** All information will be held in confidence and only the camp director, counselors, program evaluators, or other qualified persons will have access to this information.

This student has my permission to attend the 2017 Healthcare Careers Summer Camp on the University of Wyoming Campus. I certify that the information given in this application is true and correct.

I understand that the camp involves the student living on the University of Wyoming campus and this will be a supervised residential experience. The Parent or Guardian will be responsible for bring the student to camp on Sunday, July 16th. The Parent or Guardian will be responsible for attending the closing ceremonies and taking the student back home on Friday morning, July 21st.

Signature of applicant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

APPLICATION DEADLINE: MAY 1, 2017 (received)

Acceptance decisions and notifications will be made by May 20, 2017

Wyoming AHEC Healthcare Careers Summer Camp 2017

REFERENCE INFORMATION FORM DEADLINE: MAY 1, 2017 (received)

Directions: Applicants please give this reference form to someone who knows you well to complete (e.g. teacher, school counselor, coach, or spiritual leader; no relatives please).

Applicant's name: _____

School name: _____ City: _____

This student is applying to attend Wyoming AHEC Healthcare Careers Summer Camp in July 2017. Please assess his/her suitability as a participant in this five-day experience. Our intent is to select a limited number of students who:

- Have demonstrated academic ability and initiative
- Have expressed interest in healthcare careers
- Are currently in the 8th – 11th grade.

Your recommendation is very important to our selection process. Thank you for considering this carefully. In comparison with other students you have known, please evaluate the applicant in the following areas:

	Highest			Lowest	
Leadership Skills (problem solving, ability to see choices, etc.)	5	4	3	2	1
Motivation (self-starter)	5	4	3	2	1
Verbal Skills and Expression (communication skills)	5	4	3	2	1
Interpersonal Skills (ability to get along with others)	5	4	3	2	1
Sincerity (genuine interest in health careers)	5	4	3	2	1
Maturity (stable, responsible, handles situations well, respectful of instructors)	5	4	3	2	1

Student's strengths as you see them (for additional writing space use the back of this page):

Student's weaknesses as you see them ("none apparent" is an acceptable answer):

Do you feel this student is at a maturity level that will allow him/her to listen respectfully to health professionals in a professional setting, and be considerate of their time commitments?

SUMMARY COMMENTS: Please use the back of this page to note your overall impression of the student and provide additional pertinent comments.

Evaluator's Name: _____ Work Phone Number: _____

Email address: _____

Occupation and/or relationship to student: _____

Signature: _____

Please return this form directly to:

Natalia Tugwell-Brown
AHEC- University of Wyoming
1000 E. University Ave. Dept. 4238
Laramie, WY 82071

Deadline: May 1, 2017 (received)

OR: ntugwell@uwyo.edu
OR Fax: (307) 766.2492

OPTIONAL (but *strongly* encouraged): Please type/write a 250 word maximum essay on a separate page that responds to the following topic:

Tell us about yourself and why you would like to attend the Wyoming Healthcare Careers Summer Camp



CHECKLIST:

- Answered all the questions on the application
- Given the reference form to someone who knows you well to complete
- Signed your application
- Parents/Legal Guardian signed the application
- Included your essay (Optional)
- Verified your reference has sent the completed form to address on the form

Please send this completed application to:

**Natalia Tugwell-Brown
AHEC – University of Wyoming
1000 E. University Ave. Dept. 4238
Laramie, WY 82071
Fax: (307) 766.2492
Email: ntugwell@uwyo.edu**

****Note: Your complete application must include: reference letter form mailed directly from your reference to the address above.**

DEADLINE: May 1, 2017 (received)