

# Wyoming AHEC Healthcare Careers Summer Camp



Session II July 15 – 20, 2018 (current 8<sup>th</sup> and 9<sup>th</sup> graders)

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

Where did you hear about our Summer Camp? Flyer  Teacher/counselor   
Friend  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

Please complete the below information so that we can help to measure our program's overall effectiveness.

**Ethnicity:** (check if applicable)  Hispanic or Latino  NOT 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  
 My family lives/lived where there are few medical providers at a convenient distance (less than 30 minutes away from my home)  English was my second language  
 None of the above

**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 Marivern Easton at (307) 766-6751 or via email at [measton3@uwyo.edu](mailto:measton3@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 2018 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 15<sup>th</sup>. The Parent or Guardian will be responsible for attending the closing ceremonies and taking the student back home on Friday morning, July 20<sup>th</sup>.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION DEADLINE: MAY 1, 2018 (received)**

Acceptance decisions and notifications will be made by May 20, 2018

# Wyoming AHEC Healthcare Careers Summer Camp 2018

REFERENCE INFORMATION FORM DEADLINE: MAY 1, 2018 (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 2018. 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 8<sup>th</sup> – 11<sup>th</sup> 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	
<b>Leadership Skills</b> (problem solving, ability to see choices, etc.)	5	4	3	2	1
<b>Motivation</b> (self-starter)	5	4	3	2	1
<b>Verbal Skills and Expression</b> (communication skills)	5	4	3	2	1
<b>Interpersonal Skills</b> (ability to get along with others)	5	4	3	2	1
<b>Sincerity</b> (genuine interest in health careers)	5	4	3	2	1
<b>Maturity</b> (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:

Marivern Easton  
AHEC- University of Wyoming  
1000 E. University Ave. Dept. 4238  
Laramie, WY 82071

**Deadline: May 1, 2018 (received)**

OR: [measton3@uwyo.edu](mailto:measton3@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

**\*\* The Application fee of \$150 will not be required until acceptance\*\***

**Please send this completed application to:**

**Marivern Easton  
AHEC Director  
AHEC – University of Wyoming  
1000 E. University Ave. Dept. 4238  
Laramie, WY 82071  
Fax: (307) 766.2492  
Email: [measton3@uwyo.edu](mailto:measton3@uwyo.edu)**

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

**DEADLINE: May 1, 2018 (received)**