**WWAMI Medical Education Healthcare Summer Camp**

**Camp Dates: July 7– 12, 2019 (Applicants must be current 10th and 11th graders)**

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

Where did you hear about our Summer Camp? Poster

Teacher/counselor

Friend

Website

**Other:**

Have you applied to camp in the past? Yes

No Have you attended camp in the past? Yes

No

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information**  Name: |  |  | **Date:** | |  | |
| Last  Mailing Address: |  | First |  | |
| 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: |  | |

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 (more than 30 minutes away from my home)

English was my second language

None of the above

|  |  |  |
| --- | --- | --- |
| $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, camp director, 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.

**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

Parent/Legal Guardian Occupation

Employed (including homemaker) as

Unemployed

Unemployed

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

Average annual income level for the household (please indicate/circle one):

### This student has my permission to attend the 2019 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 bringing the student to camp on Sunday, July 7th. The Parent or Guardian will be responsible for attending the closing session and taking the student back home on Friday morning, July 12th.

Signature of applicant:

Date:

Signature of Parent/Legal Guardian:

Date:

**APPLICATION DEADLINE**: **MAY 1, 2019 (received)**

Acceptance decisions and notifications will be made by May 17, 2019

**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 WWAMI 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 camp fee of $150 will NOT be required until acceptance\*\***

**(Please do NOT send now)**

**Please send this completed application to: Marivern Easton**

**Camp Director**

**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, 2019 (received)**