

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

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 (more 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

Second Parent/Legal Guardian Name

Parent/Legal Guardian Address (if different from applicant)

Second Parent/Legal Guardian Address (if different from applicant)

Parent/Legal Guardian Work Phone or Cell Phone

Second Parent/Legal Guardian Work Phone or Cell Phone

Parent/Legal Guardian Occupation

Second Parent/Legal Guardian Occupation

Employed (including homemaker)

Employed (including homemaker)

Unemployed

Unemployed

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

(Optional) 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, camp director, at (307) 766-6751 or via email at 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 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**

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

DEADLINE: May 1, 2019 (received)