

AHEC Medical Academy 2011
Applications Due May 2, 2011

Student Application Form

PLEASE PRINT LEGIBLY:

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Parent/Guardian Name(s):

IN CASE OF EMERGENCY:

Contact: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

Allergic to any medications? Yes No If yes, please list: _____

High School: _____ Phone: _____

Counselor's Name: _____ G.P.A.: _____

Have you ever applied to or attended our Camp? Yes No

What grade will you enter in the fall of 2011? 10th 11th 12th

T-shirt/Scrub Size: M L XL XXL

Sex: Male Female

EDUCATION:

Please list the science and math courses you have taken in high school and indicate what grade you earned in each.

List all academic honors/awards which you have received or for which you have been nominated.

Are you planning to continue your education after high school? If so in what way?

What career (s) interest you?

EXTRA CURRICULAR:

Have you participated in a similar program before? If so, where and when?

List any school, church or community activities you have participated in.

PROGRAM ACTIVITIES:

Participants in the program are expected to be present for its entire duration.

Do you have any conflicting commitments during these days? If so, please state the reason(s), date(s), and time(s).

FEE:

Camp Fee: \$60.00

Camp fees can be waived if financial need is established. Would you like to apply for a scholarship to the camp?

YES NO

***If you circled yes, write a short essay explaining to us why you need the scholarship.**

***Students should not send camp fee until a letter of acceptance is received. Upon acceptance, by May 13, 2011, students will receive a full agenda with location**

information and emergency contact numbers. A check is due at AHEC of the Plains by May 20, 2011.

ESSAY:

Please write in the space provided below one or two paragraphs describing your interest in health careers and how you would benefit from attending this camp. Also include some personality traits you feel make you an appropriate candidate for this summer camp.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Please return this application & teacher recommendation by May 6, 2011

Mail to:
AHEC of the Plains
P.O. Box 1116
Plainview, Texas 79072
Fax: (806) 291-0130

Teacher's Recommendation

Student's Name: _____ School: _____

How long have you known the applicant? _____

What subjects have you taught the applicant? _____

Assessment of Applicant's Performance and Potential: Please rate the applicant in comparison with other students you have known at about the same stage of their academic careers.

(Please check)	Top 5%	Top 10%	Top 11-25%	Top 26-50%	Unknown or Unobserved
Interest in a health career					
Interest in science and math related courses					
Displays appropriate classroom behavior					
Ability to work with others					
Ability to work independently					
Oral expression					
Written expression					
Potential in a					

health career					
Maturity					
OVERALL					

Comments:

Teacher's printed name _____

Teacher's signature _____

Address of school _____

School phone number _____