

**HEALTH CARE SUMMER INSTITUTE**  
**Summer 2011**

**I. STUDENT'S INFORMATION:**

Student's Name (Last, First and Middle Initial) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
(Needed to create UFID)

Street Address/P.O. Box, City, State and Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender (*circle one*): Male Female Graduation Year: \_\_\_\_\_

Ethnicity/Race (*check all that apply*):

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic/Latino                 | <input type="checkbox"/> Asian                  |
| Specific Ethnicity _____                                 | Specific Ethnicity _____                        |
| <input type="checkbox"/> Alaskan Native/Pacific Islander | <input type="checkbox"/> Caucasian              |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> African-American/Black |

Geographic Location (*circle one*): **Rural** (of or relating to the country, country people or life, or agriculture)  
**Urban** (of, relating to, characteristic of, or constituting a city)  
**Suburban** (**a**: an outlying part of a city or town **b**: a smaller community adjacent to or within commuting distance of a city **c**: the residential area on the outskirts of a city or large town)

**II. SCHOOL INFORMATION**

Name of High School Currently Attending \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**III. CAREERS INTERESTS:**

Please rank in order your top three areas of health career interests using the following scale:

**1 = greatest interest**

**2 = second greatest interest**

**3 = third greatest interest**

_____ Dentist	_____ Physical Therapist	_____ Rehabilitation Therapist	_____ Nurse
_____ Physician Assistant	_____ Science Researcher	_____ Occupational Therapist	_____ Psychologist
_____ Physician/Doctor	_____ Veterinarian	_____ Pharmacist	

\_\_\_\_\_ Other, please specify \_\_\_\_\_

#### IV. ACADEMIC:

Unweighted GPA: \_\_\_\_\_ you **must provide a copy of your OFFICIAL transcripts (no report card)**

#### V. EXTRACURRICULAR ACTIVITIES:

**Please list any clubs or organizations you participate in:**

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**Please list any community activities and volunteer experience that you have participated in:**

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Do you need any accommodations, e.g. physical?    Yes    No

If yes, please explain: \_\_\_\_\_

#### VI. APPLICANT'S PERSONAL STATEMENT ESSAY

Please write an essay that explains why you should be selected to attend the Heath Career Summer Institute. Include in your essay your interest in pursuing a health profession, career aspirations, work/volunteer experience and other information that you would like the admissions committee to consider when viewing your application. Essays should be attached on a separate sheet of paper and should be typed, double spaced and in 12-point font. Essay should be approximately 300 words in length. **Handwritten essays will NOT be accepted. Please be sure to answer each of the following questions within your essay.**

1. Why do you want to attend the Health Care Summer Institute?
2. What volunteer experience have you had with health care?
3. What are your current thoughts about attending college?
4. What is your current career goal(s) and why?
5. If you were selected, what would be your expectation of the Health Care Summer Institute?

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VII. HIGH SCHOOL TEACHER'S RECOMMENDATION:

Teacher: Please complete recommendation form, sign over sealed envelope and return to student

Student's Name (Last, First, Middle Initial)

You have been selected as a reference by a student who is completing an application to attend the Health Care Summer Institute. This is a four week residential camp for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The camp provides shadowing opportunities, information on various health careers, an SAT preparatory course and social activities. Your input is very important to us as space for this camp is limited. Please complete this form and return it to the student for submission with his/her application.

Teacher's Name

Subject

Phone

Email

Please rate the student in the following areas:

	Excellent	Above Average	Average	Fair	Poor
Promptness/Attendance					
Group Participation					
Character					
Attitude					
Conduct					
Effort/Initiative					

Please comment on this student's interest to pursue post-secondary education.

\_\_\_\_\_  
\_\_\_\_\_

Please comment on this student's ability and willingness to follow rules.

\_\_\_\_\_  
\_\_\_\_\_

What is your overall assessment of this student as a candidate for Health Care Summer Institute?

\_\_\_\_\_  
\_\_\_\_\_

Signature (Teacher)

Printed Name (Teacher)

Date

**2011 HEALTH CARE SUMMER INSTITUTE**

**VIII. SECOND LETTER OF RECOMMENDATION:**

**From: Community Leader, Academic Advisor or Employer**

Please complete recommendation form, **sign over sealed envelope** and return to student

\_\_\_\_\_  
**Student's Name (Last, First, Middle Initial)**

You have been selected as a reference by a student who is completing an application to attend the Health Care Summer Institute. This is a four week residential camp for rising high school juniors and seniors who are interested in pursuing a career in the health professions. The camp provides shadowing opportunities, information on various health careers, an SAT preparatory course and social activities. Your input is very important to us as space for this camp is limited. Please complete this form and return it to the student for submission with his/her application.

**Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Please rate the student in the following areas:

	Excellent	Above Average	Average	Fair	Poor
Promptness/Attendance					
Group Participation					
Character					
Attitude					
Conduct					
Effort/Initiative					

Please comment on this student's interest to pursue post-secondary education.

\_\_\_\_\_  
\_\_\_\_\_

Please comment on this student's ability and willingness to follow rules.

\_\_\_\_\_  
\_\_\_\_\_

What is your overall assessment of this student as a candidate for Health Care Summer Institute?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Application Deadline: Friday April 1, 2011**  
**CAMP DATES – June 19 – July 16, 2011**

**IX. PARENT/GUARDIAN INFORMATION:**

\_\_\_\_\_  
Parent/Guardian 1                      Relationship to the student

\_\_\_\_\_  
Parent/Guardian 2                      Relationship to the student

\_\_\_\_\_  
Street Address/P.O. Box, City State and Zip Code

\_\_\_\_\_  
Street Address/P.O. Box, City State and Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home/Cell Number      Cell/Work Phone Number

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home/Cell Number      Cell/Work Phone Number

**X. PARENT/GUARDIAN OCCUPATION**

\_\_\_\_\_  
Occupation                              Employer

\_\_\_\_\_  
Occupation                              Employer

**XI. PARENT GUARDIAN EDUCATION**

\_\_\_\_\_  
Level of Education

\_\_\_\_\_  
Level of Education

**XII. PARENT GUARDIAN INCOME**

\_\_\_\_\_  
Annual Income

\_\_\_\_\_  
Annual Income

**XIII. CERTIFICATION OF APPLICATION (required)**

If accepted, you will be asked to sign a *Contract of Intent* and submit a **non-refundable \$50.00 money order**, along with all other required documentation, in order for your child to participate in this program.

I grant permission for my son/daughter to apply to the *Health Care Summer Institute* (a four week residential summer camp at the University of Florida in Gainesville).

I hereby affirm that all information submitted in this application is true and accurate to the best of my knowledge. I understand that falsifying information on this application will result in my being disqualified from the application process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**PLEASE RETURN YOUR COMPLETED  
APPLICATION AND ALL ATTACHMENTS TO  
YOUR LOCAL AHEC LOCATION TO BE RECEIVED  
NO LATER THAN FRIDAY, APRIL 1, 2011.**

**West Florida AHEC:** Covering Escambia, Okaloosa, Santa Rosa, and Walton Counties

Mail to:

Penny S. Eubanks

West Florida AHEC

1455 South Ferdon Blvd., Suite B-1

Crestview, FL 32536

850-682-2552

peubanks@wfahec.org