

# AHEC Medical Academy 2010

## 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 2010?    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

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.

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

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

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What career (s) interest you?

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**EXTRA CURRICULAR:**

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

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

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**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).

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**FEE:**

Camp Fee: \$50.00

**Camp fees can be waived if financial need is established. This will be decided during the interview. Would you like to apply for a scholarship to the camp?**

YES NO

\*Students should not send camp fee until a letter of acceptance is received. A check or scholarship request is due at AHEC of the Plain by May 21, 2010. Upon acceptance, students will receive a full agenda with location information and emergency contact numbers.

**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 7, 2010**

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 \_\_\_\_\_