

**Permian Basin Area Health Education Center  
Jump Start Medical Careers Summer Camp 2009  
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.: \_\_\_\_\_

What grade will you enter in the fall of 2009? 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Graduate

T-shirt/Scrub Size: S 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 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?

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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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List your hobbies, interests, or any special skills:

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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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Camp Fee: \$50.00

Camp fees can be waived if financial need is established. Would you like to apply for a scholarship to the camp? YES\_\_\_\_ NO \_\_\_\_ If yes, please document the need. This information will be kept **confidential**.

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**\*\* Students should NOT send camp fee until a letter of acceptance is received. Upon acceptance, students will receive a full agenda with location information and emergency contact numbers. A check or scholarship request and all completed forms are due at Permian Basin AHEC by June 29, 2009, if attending the camp\*\***

**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. (Use back of this page if additional space is needed.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application & teacher recommendation by June 8, 2009 to:

Ann Houston  
Permian Basin AHEC  
3510 N "A" Street  
Building "A" Room 154  
Midland, TX 79705  
(423)685-8345 or (432)685-8306  
Fax: (432) 685-9025