



Health Careers Enrichment

Camp Application

June 5, 2017 - June 16, 2017

- | | |
|---|---|
| <input type="checkbox"/> Breathitt County | <input type="checkbox"/> Leslie County |
| <input type="checkbox"/> Harlan County | <input type="checkbox"/> Letcher County |
| <input type="checkbox"/> Knott County | <input type="checkbox"/> Perry County |

Student Information

| | | | | | | | |
|-----------------|----------------------|----------------------|----------------------|---------------|----------------------|-----|----------------------|
| First Name | <input type="text"/> | Middle Name | <input type="text"/> | Last Name | <input type="text"/> | | |
| Mailing Address | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> | ZIP | <input type="text"/> |
| Home Phone | <input type="text"/> | Cell Phone | <input type="text"/> | Date of Birth | <input type="text"/> | | |
| Email Address | <input type="text"/> | Last 4 digits of SSN | <input type="text"/> | | | | |

Parent/Guardian Information

| | | | | | |
|-------------------------|----------------------|------------|----------------------|--|--|
| Father or Guardian Name | <input type="text"/> | | | | |
| Home Phone | <input type="text"/> | Cell Phone | <input type="text"/> | | |
| Email Address | <input type="text"/> | | | | |
| Employer | <input type="text"/> | Work Phone | <input type="text"/> | | |
| Occupation Title | <input type="text"/> | | | | |

| | | | | | |
|-------------------------|----------------------|------------|----------------------|--|--|
| Mother or Guardian Name | <input type="text"/> | | | | |
| Home Phone | <input type="text"/> | Cell Phone | <input type="text"/> | | |
| Email Address | <input type="text"/> | Work Phone | <input type="text"/> | | |
| Employer | <input type="text"/> | | | | |
| Occupation Title | <input type="text"/> | | | | |

School Information

| | | | | | |
|----------------|----------------------|------|----------------------|-------|----------------------|
| Name of School | <input type="text"/> | | | | |
| School Address | <input type="text"/> | City | <input type="text"/> | State | <input type="text"/> |
| School Phone | <input type="text"/> | | | | |
| Current GPA | <input type="text"/> | | | | |

- | |
|--|
| <input type="checkbox"/> Current 8th Grade |
| <input type="checkbox"/> Current 9th Grade |

List any Extracurricular Activities that you are currently involved with. (Sports, Clubs, Dance, etc.)

List any Summer Enrichment Programs or Summer Camps that you have attended. Be sure to include any other health career camps.

List any Community Activities that you are part of. (Church, Civic Organizations, Volunteer, etc.)

List any Honors or Awards you have received.

What Healthcare Profession are you most interested in pursuing?

Shirt Size

Adult Small

Adult Medium

Adult Large

Adult XLarge

Adult 2XLarge

Adult 3XLarge

All Application Documents Must Be Postmarked By April 7, 2017

If all documents are not postmarked by Deadline, the application will be considered incomplete and therefore you will not be eligible for admission consideration.

Application

1 Page Essay

Official Transcript

Two Completed Recommendation Forms
(Teacher/Guidance Counselor/Principal/School Administrator)

Mail To:

Southeast KY AHEC
Attention: Crystal Pigman
180 Taylor Ridge Road, Suite 101
Hazard, KY 41701

Student Signature

Date

Parent Signature

Date