



# Health Careers Enrichment

## Camp Application

June 4, 2018 - June 15, 2018

- |   |   |
|---|---|
| <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  Middle Name  Last Name

Mailing Address  City  State  ZIP

Home Phone  Cell Phone  Date of Birth

Email Address  Last 4 digits of SSN

### Parent/Guardian Information

Father or Guardian Name

Home Phone  Cell Phone

Email Address

Employer  Work Phone

Occupation Title

Mother or Guardian Name

Home Phone  Cell Phone

Email Address  Work Phone

Employer

Occupation Title

### School Information

Name of School

School Address  City  State

School Phone

Current GPA

- Current 8th Grade
- 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 6, 2018**

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