



Health Careers Camp 2008

Fox Valley June 22 – June 26

Northeastern Wisconsin Area Health Education Center, Affinity Health System, and Aurora Health Care are sponsoring a health careers camp for high school students residing in the NEWAHEC and Fox Valley service area, and who are interested in pursuing a health career. The Northeastern WI Area Health Education Center and Fox Valley service area includes the following counties:

Brown	Kewaunee	Sheboygan	Green Lake
Calumet	Manitowoc	Washington	Waupaca
Door	Outagamie	Winnebago	Waushara
Fond du Lac	Ozaukee		

Camp activities will be held all around the Fox Valley area. Students will be staying at the UW-Oshkosh campus. A \$40 camp reservation fee is due upon notification of acceptance to this camp. (Financial assistance is available if needed) Please note that there are two pages that must be completed by the student. In addition to the student forms are reference forms that must be completed by two of the student's high school teachers, one of whom must be a Math or Science teacher, the other an English or Fine Arts teacher.

Due to limited space at the camp, the Application Review Committee will process only complete applications. Complete application includes:

- Student Information Page
- Student Personal Statement (page 2)
- Reference (Math or Science Teacher)
- Reference (English or Fine Arts)

All application materials are due May 2, 2008

Fox Valley Camp Contact Information:

Jill Niemczyk
925 South 15th Street
Manitowoc, WI 54220
jilln@newahec.org
(920) 652-0238, Fax (920) 652-0617

Be sure to check out www.wihealthcareers.org

Northeastern WI Area Health Education Center
Health Careers Camp 2008

PARTICIPANT APPLICATION FORM

June 22 - June 26, Fox Valley Camp

Name _____ Date of Birth _____ Cell Phone _____

Address: _____
Street City Zip Code

Home Phone Number and Area Code _____

Parent's Name(s) _____

Daytime Phone _____

Email Address (*To receive camp updates*) _____

Graduation Year _____ Grade entering **fall of 2008** _____

Name of High School _____

Address: _____
Street City Zip Code

Racial/Ethnic Heritage (Check One)

- African American/Black Hispanic/Latino White/Non-Hispanic Other
- American Indian or Alaskan Native Tribal affiliation _____
- Southeast Asian: Cambodian, Hmong, Laotian, Vietnamese Other Asian/Pacific Islander

Counselor's Name _____ Phone Number _____
& Email Address _____

1. Job Shadow preferences if arrangement can be made. (*A job shadow is an observational hands-off experience to get a feel for the everyday encounters of a health care professional*).

a. _____ b. _____ c. _____

✓ Check out www.wihealthcareers.org for a listing of health careers

2. List extracurricular activities: _____

Will you need a financial assistance to attend camp? Yes No

Would you be the first in your immediate family to graduate from a college or university? Yes No

Mail Completed Application to:

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***Fox Valley Camp Applications are
due May 2, 2008***

TEACHER REFERENCE REQUIRED PER STUDENT (ENGLISH OR FINE ARTS)

You have been selected as a *reference* by a student making application for selection to attend the **Health Careers Summer Camp 2008**. Your input is very important to us, as our space is limited. We are looking for students that are interested in pursuing a health career, will appreciate this experience, are respectful of others and are team players. All responses will be kept confidential and will be used only for the camp admission process.

Student Name: _____ School Name: _____

Camp Preference: **Fox Valley Camp: June 22 - June 26, 2008**

Permission is granted to send the following information to NEWAHEC regarding the above named student.

Student Signature: _____ Parent/Guardian Signature: _____

Please rate the student in the following areas:

	5 Excellent	4 Above Average	3 Average	2 Fair	1 Poor
Group Participation/Team Player					
Respectful of Others					
Cooperation/Attitude					
Promptness/Attendance					
Character					
Leadership Ability					
Motivation					
Initiative					
Reliability					
Overall Rating					

Do you recommend this student to attend our camp? (Use 5-1 scale above)

Strengths: _____

Weakness: _____

Comments: _____

Teacher Name _____ Subject Taught _____

Phone Number _____ Email _____

Signature _____ Date _____

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Both required references must be received by May 2, 2008 for the student's application to be considered.

TEACHER REFERENCE REQUIRED PER STUDENT (MATH OR SCIENCE)

You have been selected as a *reference* by a student making application for selection to attend the **Health Careers Summer Camp 2008**. Your input is very important to us, as our space is limited. We are looking for students that are interested in pursuing a health career, will appreciate this experience, are respectful of others and are team players. All responses will be kept confidential and will be used only for the camp admission process.

Student Name: _____ School Name: _____

Camp Preference: **Fox Valley Camp: June 22 - June 26, 2008**

Permission is granted to send the following information to NEWAHEC regarding the above named student.

Student Signature: _____ Parent/Guardian Signature: _____

Please rate the student in the following areas:

	5 Excellent	4 Above Average	3 Average	2 Fair	1 Poor
Group Participation/Team Player					
Respectful of Others					
Cooperation/Attitude					
Promptness/Attendance					
Character					
Leadership Ability					
Motivation					
Initiative					
Reliability					
Overall Rating					

Do you recommend this student to attend our camp? (Use 5-1 scale above)

Strengths: _____

Weakness: _____

Comments: _____

Teacher Name _____ Subject Taught _____

Phone Number _____ Email _____

Signature _____ Date _____

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