



Health Careers Camp 2008

Sheboygan July 13 – July 17

Northeastern Wisconsin Area Health Education Center and the Lakeshore Health Care Alliance are offering a health careers camp for high school students residing in the NEWAHEC service area and who are interested in pursuing a health career. The Northeastern WI Area Health Education Center Service Area by county includes:

| | | |
|-------------|-----------|------------|
| Brown | Kewaunee | Sheboygan |
| Calumet | Manitowoc | Washington |
| Door | Outagamie | Winnebago |
| Fond du Lac | Ozaukee | |

Camp activities will be held in Sheboygan and Manitowoc Counties. Students will be staying at Lakeland College. 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 9, 2008

Sheboygan 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

July 13 – July 17, Sheboygan, Wisconsin

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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***Sheboygan Camp Applications
are due May 9, 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: **Sheboygan Camp: July 13 - July 17, 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 9, 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: **Sheboygan Camp: July 13 - July 17, 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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