

Fox Valley Camp 2012

Welcome to the online portion of the Fox Valley Health Careers Summer Camp. This part of the application has 22 items, including one essay. Because you may **NOT** "save as you go" you are encouraged to first work through the application offline. You may cut and paste your essay into the application from your word processing program. A complete PDF version of the application is available on both the NEWAHEC website (www.newahec.org) and the AHEC system website (www.ahec.wisc.edu). The two teacher reference forms are available online the forms must be completed by the due date and will be verified by the Camp Director. To access the teacher reference forms go to www.newahec.org or www.ahec.wisc.edu for reference forms.

Please contact Jill Niemczyk with questions at jilln@newahec.org or by phone at 920-652-0238.

Fox Valley Camp June 24 - June 28, 2012

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

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

Camp activities will be held all around the Fox Valley area. Students will be staying at UW- Oshkosh campus. A \$50 camp reservation fee is due upon notification of acceptance to this camp. (Financial assistance available if needed) Please note that there are two pages that must be completed by the student. In addition to the student forms there are teacher 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 (Online)
- Student Personal Statement (Essay)
- Teacher Reference Math or Science Teacher (Online)
- Teacher Reference English or Fine Arts (Online)

**All application materials are due
May 2, 2012**

First Name

Last Name

Gender

- Male
 Female

Date of Birth:
mm/dd/year

Street Address:

City:

Zip Code

Parents Name (s)

Phone Numbers: (with Area Codes)

Day Time Phone Number:

Home Phone Number:

Parents Cell Phone Number:

Students Cell Phone Number

Email Address:
will be used for camp updates:

Student Email Address:

Parent Email Address:

Grade entering in the Fall of 2012:

- 9th grade
- 10th grade
- 11th grade
- 12th grade

Graduation Year:
mm/dd/year

Name of High School:

High School Address:

Street:

City:

Zip Code:

Racial/Ethnic Heritage:

African American/Black

Hispanic

American Indian

Caucasian/ White

Southeast Asian

Other, please specify

Counselor's or Health Occupation's Teacher:

Counselor/Teacher Name:

Email Address:

Phone Number:

List extracurricular activities:

Career Interest: Which of the following careers would you like to learn more about?

Select at least 3 responses and no more than 3 response's.

For more information about a profession please go to www.wihealthcareers.org

Athletic Trainer

Medical Transcription

Registered Nurse - Clinic

Audiologist

Medical Technologist

Registered Nurse - Community Education

Biomedical Engineer

Nuclear Medical Technologist (NMT)

Registered Nurse - Emergency Services

Chiropractor

Nurse Practitioner - Family Practice

Registered Nurse- ICU

Dentist

Nurse Practitioner - Internal Medicine

Registered Nurse - Medical/Surgical

Dental Assistant

Occupational Therapist

Registered Nurse - Nurse Anesthetist

Dental Hygienist

Pharmacist

Registered Nurse - Obstetrics

Fox Valley Health Careers Summer Camp Application

- | | | |
|---|--|--|
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Registered Nurse - Oncology |
| <input type="checkbox"/> Health Care Administrator | <input type="checkbox"/> Phlebotmist | <input type="checkbox"/> Registered Nurse - Operating Room |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Registered Nurse - Pediatrics |
| <input type="checkbox"/> Human Resource | <input type="checkbox"/> Physician - Family Practice | <input type="checkbox"/> Registered Nurse - Urgent Care |
| <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> Physician - Internal Medicine | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Physician - Pediatric | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Medical Billing | <input type="checkbox"/> Physician - Surgical | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Medical Coding | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Surgical Technologist |
| <input type="checkbox"/> Medical Lab Technician | <input type="checkbox"/> Radiology Technician (X-ray Tech) | <input type="checkbox"/> Ultrasound Technician |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Recreational Therapist | <input type="checkbox"/> Volunteer Coordinator/Services |
| <input type="checkbox"/> Medical Secretary | <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Other, Please specify _____ |

Would you be the first in your immediate family to graduate from a College or University?

Yes

No

Will you need financial assistance to attend camp?

Yes

No

In order for your application to be accepted you will need to have **two reference forms** from teachers. These online forms can be found on the NEWAHEC website www.newahec.org or the AHEC system website www.ahec.wisc.edu. You must instruct your teachers to go to the above website and they can fill out the reference forms online, they then get sent directly to the camp director. The two reference forms by teachers, one must be from an English/Fine Arts teacher and the other from a Math/Science teacher.

Please list both of the teachers names that will be completing online references for you.

Teacher Name:
Teacher Name:

In approximately 300 words, please explain why you should be selected to attend the Health Careers Camp. Include your interest in pursuing a health care profession, aspirations, work experience and other experiences that you would like the Application Review Committee to know.



Congratulations! You have successfully finished the online portion of the 2012 Fox Valley Health Careers Summer Camp Application. However, your application will not be considered complete until the Northeastern AHEC office has received your two teacher reference forms (see item above).

Reference forms when completed online get emailed directly to the Camp Director.

If you have any questions or concerns contact:

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APPLICATIONS ARE DUE Wednesday, MAY 2, 2012