



Rural Health Careers Camp 2018

June 25-28, 2018
Rockford University

APPLICATION FORM

Student Full Name:		
Address:		
City:	County:	ZIP:
Home Phone:	Other Phone (please specify):	
Date of Birth:	Email:	
High School:	County:	
Current year in school (spring 2018):	Guidance Counselor:	

Does your school have a health careers club? Yes No Not sure

If so, who is the contact person of the club?

Are you CPR certified? Yes No

Other health-related certifications:

Please answer the following demographic information. This information is used for program planning and reporting purposes only.

Please select the category by which you identify:

- Female Male

Are you of Hispanic or Latino origin?

- Yes No

Please select the category that most accurately describes you:

- White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Pacific Islander
Other:

T-shirt size (unisex adult sizes provided): S M L XL XXL

Questions:

Please list 3 or more healthcare careers or fields that interest you:

In 4-5 sentences, please state your volunteer, club, or work experience, and describe responsibilities for each activity:

In 5-6 sentences, please explain why you want to attend this camp:

In 4-5 sentences, describe your experience and knowledge of rural life:

How did you hear about the camp?

Signatures:

Student Signature:

Parent/ Guardian Signature:

Application deadline is Sunday, April 1, 2017
PLEASE SEND COMPLETED APPLICATIONS* TO:

Vicky Rhine
NCRHP, UIC Health Sciences Campus-Rockford
1601 Parkview Avenue
Rockford, IL 61107
OR
rhine1@uic.edu

**The \$100 camp fee is not due until notification of camp acceptance*