

**Rural Health Careers Camp 2021**

June 21-24, 2021

**APPLICATION FORM**

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| --- |
| Student Full Name:  |
| Address: |
| City: | County: | Zip:  |
| Parent/Guardian Name:  | Parent/Guardian Phone: |
| Home Phone: | Other Phone (please specify):  |
| Date of Birth: | Email: |
| High School:  | County: |
| Current grade level: | 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

[ ]  Multiracial

[ ]  Other:

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

**Questions:**

|  |
| --- |
| Please list 3 or more healthcare careers 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? |

**Note:** This program may be subject to change to ensure the safety of participants and those providing the educational experience. Notifications of change to the structure of the program will be announced to students/participants as these decisions are made. Student expectations remain unchanged unless otherwise specified.

**Signatures:**

Student Signature:

Parent/ Guardian Signature:

**Application deadline is Sunday, March 28, 2021**

**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 acceptance to the program*

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