

University of South Dakota
HEALTH CAREERS CAMP APPLICATION
June 17-22, 2018



Deadline: April 1, 2018 • Cost: \$100

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if different from above): _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____
Birthdate: _____ Present Age: _____ Sex: Male Female

INFORMATION ABOUT YOUR PARENTS OR GUARDIANS

Name(s) of Parent(s) or Guardian: (1) _____ (2) _____
Daytime Phone Number(s): (1) _____ (2) _____
Evening Phone Number(s): (1) _____ (2) _____

EDUCATIONAL INFORMATION

Name of School Currently Attending: _____ City: _____ State: _____ Zip: _____
GPA: _____ Grade you will enter in the Fall of 2018: 10th 11th 12th Graduation Year: _____

Please attach HS transcripts and also a copy of your ACT scores (if available).

YOUR INTERESTS

Why are you interested in a healthcare career? (Check all that apply)

- Family member is healthcare professional
- Someone I admire is a healthcare professional
- Inspired by a TV program, movie or book
(please name _____)
- Inspired by a particular class
(please name class _____)
- Inspired by a personal experience with healthcare or illness
- Inspired by teacher or guidance counselor
- Other

What do you plan to do after High School?

- Get a job (do not check this if you are just planning to work for the summer)
- Go to a 2 Year College
- Go to a 4 Year College or University
- Undecided, need help figuring out how to make my career interests a reality
- Enlist in the Armed Forces

Check the healthcare careers you would especially like to know more about:

- | | |
|--|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Radiology Technician |
| <input type="checkbox"/> Health Administrator | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Lab Tech/Med Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Public Health Worker |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Research Scientist |
| <input type="checkbox"/> Psychologist/Mental Health Worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pharmacist | |

What do you want to get out of USD's Healthcare Careers Summer Camp?

- More info about a specific career (please name) _____
- Info about different types of Health careers
- How to prepare for pursuing a healthcare field
- Help deciding what I want to do
- Chance to meet people with similar interests
- Chance to make contacts for the future
- Experience a college environment
- An "edge" when applying for jobs, schools, or volunteer activities
- Hands on experience
- Exposure to the hospital environment
- FUN!
- Other _____

OTHER INFORMATION

Have you participated in any of the following activities?

- Job shadowing in a healthcare setting
- Worked in a hospital, clinic, or nursing home (paid or unpaid)
- Interviewed a healthcare professional
- Attended a healthcare careers presentation
- Attended another healthcare careers camp
- Attended a Scrubs Camp in South Dakota
If yes, where? _____
- Other (Please describe) _____

Briefly describe above experience: _____

Race/ Ethnicity:

- American Indian
- Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Mixed Race

How did you hear about the USD Healthcare Careers Camp?

- Friend
- Teacher or Guidance Counselor
- Parent
- Newspaper
- Health Professional
- Online
- Other _____

PERSONAL STATEMENT

This personal statement will help us get to know you better and demonstrate your ability to organize your thoughts and express yourself. Please attach an essay of no more than 350 words total addressing the following questions:

- 1) Why do you want to pursue a career in a healthcare profession?
- 2) Why do you want to attend the USD Healthcare Careers Camp?
- 3) Tell us about a person who has had a significant influence on you and your career plans and describe that influence.
- 4) Discuss some issue of personal, local, national, or international concern and its importance to you.

Please mail your application to:

Kathy Van Kley
University of South Dakota Sanford School of Medicine
414 E. Clark St., Lee Medicine 213
Vermillion, SD 57069

You may also scan and send the documents via email to

kathy.vankley@usd.edu

Questions?

Contact Kathy Van Kley
605-658-6329

If transportation or tuition is lacking for an interested, promising student who may not be able to attend for either of these reasons, please contact Kathy Van Kley at 605-658-6329 and every effort will be made to find a solution. HCSC will make every effort to ensure no child with interest in a Healthcare field will be left out of this event for these reasons.

PERMISSIONS AND SIGNATURES

To be completed by GUIDANCE COUNSELOR: (please include a copy of students transcripts)

I hereby nominate _____ to attend the 2018 Healthcare Careers Summer Camp at USD.

Printed Name of Guidance Counselor

Signature of Guidance Counselor

Date

To be completed by APPLICANT:

I certify that the information given in this application is true and correct. I have proofread for accuracy and completeness, for I realize that applications are accepted only when complete.

Printed Name of Applicant

Signature of Applicant

Date

To be completed by PARENT or GUARDIAN:

I give permission for _____ to participate in the USD Healthcare Careers Summer Camp to be held June 17-22, 2018. I understand that tuition for the camp is \$100 and is NOT due until my child receives an acceptance letter in the mail.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date