

"Exploring Careers in Health Summer Institute"



Application for Admission

June 19th-22nd, 2017 (9 a.m.–3 p.m.)

APPLICATION MUST BE POSTMARKED BY: May 25th

Mail application to: NCSoS
 Attn: Sharyn Turner M.A. R.N.
 380 Crown Point Circle
 Grass Valley, CA 95945 or Fax: 530-478-6410

Questions: call 530-478-6400, ext. 2045

PART I: Student Information

TYPE OR CLEARLY PRINT ALL INFORMATION IN INK.

Student's Name: First		Middle Initial	Last	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address					
City:		State:	Zip	County:	
Student's Date of Birth	Telephone: ()		E-mail:		
Parent/Guardian: Name:	Telephone: ()		E-mail:		
Mailing Address for Parent/Guardian if different from student's:					
Name of School:	Current Grade Level:		Expected year of H.S. graduation		
Name of Counselor/Teacher	Telephone: ()		E-mail:		

I certify that to the best of my knowledge the information I have provided is accurate and that my answers to the student questionnaire in PART II are my own. I understand that if I am accepted, I will actively participate and attend every day.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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PART II: Student Questionnaire

The applicant's written responses to the questions below receive emphasis in the "Exploring Careers in Health" Summer Institute selection process. Responses should reflect your interest in health careers and your commitment to participating in this program. Questions may be answered on a separate sheet of paper and attached to the application. Use complete sentences and good paragraph form to answer the questions below.

1. I am most interested in learning about the following health care areas/careers:
 - A) _____
 - B) _____
 - C) _____

2. Why are you interested in attending the "Exploring Careers in Health" Summer Institute?

3. List any relevant activities, volunteer work, employment, hobbies or accomplishments you would like the selection committee to consider when reviewing your application. (Feel free to type this on a separate page.)

4. Please provide any additional information you would like the selection committee to consider when reviewing your application.

5. How did you hear about the Institute?

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PART III: Recommendation

One recommendation is needed from an adult such as a teacher, counselor, coach or club advisor who can comment on student's interests in math, science and/or health careers.

Name of Student: _____

This student has applied to the "Exploring Careers in Health" Summer Institute. The Institute offers students an in-depth look at the various available health care occupations.

1. Explain why you feel this student would benefit from this outstanding opportunity.

2. In what ways does this student strive to meet the responsibilities of your class/club/activity?

3. How would you describe this student's participation?

- Always participates
- Frequently participates
- Occasionally participates
- Rarely participates

4. Please check one selection below to indicate your recommendation for the applicant to "Exploring Careers in Health"

- Highly recommended
- Recommended
- Recommended with reservations
- Not recommended

Your name (please print) _____

Relationship to Student _____

Signature: _____ Date: _____