

Camp Med –Student Application
(Please print clearly or type)

I. Applicant Information:

- Your Name _____
- Permanent Mailing Address _____
- City _____ State _____ Zip _____
- Home Phone Number __ (____) _____ Social Security Number XXX-XX- _____

II. Demographic Data:

Birthdate: _____ Gender: () Female () Male

Email _____

| | | |
|-------------------|--|---|
| Ethnicity: | <input type="checkbox"/> African American (not of Hispanic origin) | <input type="checkbox"/> Hispanic/Latino/Latina |
| | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American/Alaskan Native |
| | <input type="checkbox"/> Caucasian (not of Hispanic origin) | <input type="checkbox"/> Other (specify) _____ |

* For Camp Med data collection regarding health professions shortage purposes. This information is a requirement of the US Department of Health and Human Services. Will not be a criteria for selection.

III. Your Parent or Guardian Information:

- Full Name(s) of Parent/Guardian _____
- Address of Parent/Guardian _____
- City _____ State _____ Zip _____
- Phone Number of Parent/Guardian: Work: _____ Home: _____

IV. School Verification:

- Present Grade Level _____
- Name of School Presently Attending _____
- School Address _____
- School Phone Number (____) _____
- High School Scheduled to Attend in Fall _____

The above applicant has had no significant disciplinary or attendance problems and has had general success in the academic school program. I/We recommend for participation in Camp Med.

Principal's Signature _____ Date _____

Counselor's Signature _____ Date _____

Wake Forest University is committed to abide by all local, state and national laws, and to administer all educational and employment activities without discrimination because of race, color, religion, national origin, age, marital status, physical handicap, or sex (except where sex is a bona fide occupational qualification or statutory requirement).

STUDENT AND PARENT/GUARDIAN COMMITMENT: WE UNDERSTAND THAT STUDENTS APPLY TO ATTEND CAMP MED AS AN OPTIONAL SCHOOL ACTIVITY. WE UNDERSTAND THAT WITH ACCEPTANCE, SATISFACTORY BEHAVIOR, CONDUCT, ACADEMIC PROGRESS, AND REGULAR ATTENDANCE IS MANDATORY FOR CONTINUED PARTICIPATION IN CAMP MED. WITH THAT ACCEPTANCE ALSO COMES THE RESPONSIBILITY TO MAINTAIN A MATURE, PROFESSIONAL APPEARANCE. DUE TO CONTACT WITH HEALTH CARE FACILITIES AND PERSONNEL, A HIGHER STANDARD OF APPEARANCE IS EXPECTED. WE AGREE TO ABIDE BY ALL SCHOOL POLICIES, INCLUDING THE CAMP MED POLICIES.

Student's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

IMPORTANT: PLEASE REFER TO THE CAMP MED BROCHURE, SECTION ON "APPLICATION PROCESS" FOR A DESCRIPTION OF MATERIALS TO BE ENCLOSED WITH THIS APPLICATION.

QUESTIONS MAY BE DIRECTED TO – Bernard Roper, Ph.D, at broper@wakehealth.edu or 336-716-4271

APPLICATIONS MUST BE RECEIVED BY CAMP MED
NO LATER THAN: April 15, 2016

Please return to: Wake Forest School of Medicine
Attn: Bernard Roper, Ph.D
Office of Student Affairs
Medical Center Boulevard
Winston Salem, NC 27157