

**The University of South Dakota**  
**HEALTH CAREERS CAMP APPLICATION**  
**June 17-22, 2012**



Deadline: April 30, 2012 • 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 2012:  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

**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
- 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  
Sanford School of Medicine  
The University of South Dakota  
414 E. Clark St.  
Vermillion, SD 57069

**You may also scan and send the documents via email to**  
kathy.vankley@usd.edu

### Questions?

Contact Kathy Van Kley  
605-677-7288

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 605-677-7288 and every effort will be made to find a solution. HCC 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:

I hereby nominate \_\_\_\_\_ to attend the 2012 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, 2012. I understand that tuition for the camp is \$100 which will be due upon my child's acceptance to the program, by June 1, 2012.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date