

Lakeshore Camp 2010

Welcome to the online portion of the Lakeshore Health Careers Summer Camp. This part of the application has 22 items, including one essay. Because you may NOT "save as you go" you are encouraged to first work through the application offline. You may cut and paste your essay into the application from your word processing program. A complete PDF version of the application is available on both the NEWAHEC website (www.newahec.org) and the AHEC system website (www.ahec.wisc.edu). You will need **two teacher reference forms** sent to Jill Niemczyk by the application due date. Go to www.newahec.org or www.ahec.wisc.edu for reference forms.

Please contact Jill Niemczyk with questions at jilln@newahec.org or by phone at 920-652-0238.

Lakeshore Camp July 11 - July 15, 2010

Northeastern Wisconsin Area Health Education Center and the Lakeshore Health Care Alliance are sponsoring a health careers camp for high school students residing in the NEWAHEC and Lakeshore service area and who are interested in pursuing a health career. The Northeastern WI Area Health Education Center and Lakeshore service area by county includes:

Brown, Calumet, Door, Fond du Lac, Kewaunee, Manitowoc, Outagamie, Ozaukee, Sheboygan, Washington, and Winnebago.

Camp activities will be held all around the Lakeshore area. Students will be staying at Lakeland College campus.

A \$40 camp reservation fee is due upon notification of acceptance to this camp. (Financial assistance available if needed) Please note that there are two pages that must be completed by the student. In addition to the student forms there are reference forms that must be completed by two of the student's high school teachers, one of whom must be a Math or Science teacher, the other an English or Fine Arts teacher.

Due to limited space at the camp, the Application Review Committee will process only complete applications.

Complete application includes:

- Student Information Page (Online)
- Student Personal Statement (Essay)
- Reference (Math or Science Teacher)
- Reference (English or Fine Arts)

**All application materials are due
May 11, 2010**

First Name

Last Name

Gender

- Male
- Female

Date of Birth:
mm/dd/year

Street Address:

City:

Zip Code

Parents Name (s)

Phone Numbers: (with Area Codes)

Day Time Phone Number:

Home Phone Number:

Parent Cell Phone Number:

Student Cell Phone Number

Email Address:
will be used for camp updates:

Student Email Address:

Parent Email Address:

Grade entering in the Fall of 2010:

- 9th grade
- 10th grade
- 11th grade
- 12th grade

Graduation Year:
mm/dd/year

Name of High School:

High School Address:

Street:

City:

Zip Code:

Racial/Ethnic Heritage:

African American/Black

Hispanic

American Indian

Caucasian/ White

Southeast Asian

Other, please specify

Counselor or Health Occupation Teacher:

Counselor/Teacher Name:

Email Address:

Phone Number:

List extracurricular activities:

Career Interest: Which of the following careers would you like to learn more about?

Select at least 3 responses and no more than 3 response's.

For more information about a profession please go to www.wihealthcareers.org

Athletic Trainer

Medical Technologist

Registered Nurse - Clinic

Audiologist

Nuclear Medical Technologist (NMT)

Registered Nurse - Community Education

Biomedical Engineer

Nurse Practitioner - Family Practice

Registered Nurse - Emergency Services

Chiropractor

Nurse Practitioner - Internal Medicine

Registered Nurse - Hospice

Dentist

Occupational Therapist

Registered Nurse- ICU

- | | | |
|---|--|---|
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Registered Nurse - Medical/Surgical |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Registered Nurse - Nurse Anesthetist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Phlebotmist | <input type="checkbox"/> Registered Nurse - Obstetrics |
| <input type="checkbox"/> Health Care Administrator | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Registered Nurse - Oncology |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Physician - Anesthesiologist | <input type="checkbox"/> Registered Nurse - Operating Room |
| <input type="checkbox"/> Human Resource | <input type="checkbox"/> Physician - Family Practice | <input type="checkbox"/> Registered Nurse - Pediatrics |
| <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> Physician - Internal Medicine | <input type="checkbox"/> Registered Nurse - Urgent Care |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Physician - Pathologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Medical Billing | <input type="checkbox"/> Physician - Pediatric | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Medical Coding | <input type="checkbox"/> Physician - Surgical | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Medical Lab Technician | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Surgical Technologist |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Radiology Technician (X-ray Tech) | <input type="checkbox"/> Ultrasound Technician |
| <input type="checkbox"/> Medical Secretary | <input type="checkbox"/> Recreational Therapist | <input type="checkbox"/> Volunteer Coordinator/Services |
| <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Other. Please specify |

Would you be the first in your immediate family to graduate from a College or University?

Yes

No

Will you need financial assistance to attend camp?

Yes

No

In order for your application to be accepted you will need to have **two reference forms** from teachers. These forms can be found on the NEWAHEC website www.newahec.org or the AHEC system website www.ahec.wisc.edu. You must print them off and fill them out and then give them to the teachers you have asked. The two reference forms by teachers, one must be from an English/Fine Arts teacher and the other from a Math/Science teacher.

Please list both of the teachers names that will be sending in references for you.

Teacher Name:

Teacher Name:

In approximately 300 words, please explain why you should be selected to attend the Health Careers Camp. Include your interest in pursuing a health care profession, aspirations, work experience and other experiences that you would like the Application Review Committee to know.



Congratulations! You have successfully finished the online portion of the 2010 Lakeshore Health Careers Summer Camp Application. However, your application will not be considered complete until the Northeastern AHEC office has received two reference forms (see item above).

Letters should be sent or faxed to Jill Niemczyk, NEWAHEC, 925 South 15th St. Manitowoc, WI 54220.

Fax Number: 920-653-0617.

APPLICATIONS ARE DUE TUESDAY, MAY 11, 2010