



SIUE Healthcare Diversity Summer Camp Application

June 8-June 13, 2014

Recognizing the value of increasing the diversity in our student body, and considering the low number of minority students who apply to the Southern Illinois University Edwardsville Professional Healthcare programs, we have developed a 1 week summer camp for rising high school juniors and seniors with an interest in pursuing a degree in healthcare. The aim of the summer camp is to expose students to careers in healthcare offered at SIUE. Students will be exposed to Pharmacy, Nursing and Dental Medicine.

Description:

Students selected will spend 6 days at the SIUE Schools of Pharmacy, Nursing and Dental Medicine, learning about each profession and developing skills that will be useful to them in becoming a successful college student. The program is open to minority rising juniors and seniors in a Madison, St. Clair or St. Louis County high school. Participants will spend 5 evenings in SIUE Student Housing, interacting with other participants, college students and faculty members. ***The program is free of charge to participants.***

How to Apply:

Step 1: The student should ask their guidance counselor to complete Section I.

Step 2: The student should complete Section II.

Step 3: The student's legal guardian should sign Section II.

Step 4: **Return completed application by May 9, 2014.**

Step 5: Mail application to the attention of Dr. Lakesha Butler, SIUE School of Pharmacy, Campus Box 2000, Edwardsville, IL, 62026-2000.

Section I - To be completed by High School Guidance Counselor

I certify that this student meets the following **minimum** requisites for application (please mark all that apply):

Name of High School: _____

County Location of High School (please circle) Madison St. Clair St. Louis

Years of high school chemistry (min 1): ____ Years of high school biology (min 1): ____

Years of high school math (min 2): ____ Expected H.S. Graduation in 2015 or 2016 (yes): ____

Current cumulative high school GPA (minimum of 3.0 out of 4): _____

Counselor's Signature: _____ Date: _____

Print Name: _____ Contact Telephone Number: _____

Section II - To be completed by applicant

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Ethnicity: Hispanic___ African-American___ Asian___ Pacific Islander___ Native American___

Caucasian:___ Other:___

Please use the space below to describe why you are interested in participating in the SIUe Healthcare Diversity Summer Camp Program:

Applicant's Signature: _____

Date: _____

Name of Legal Guardian: _____

Contact #: _____

Legal Guardian's Signature: _____

Date: _____

I understand that if selected, my child will spend 6 days & 5 nights on the campus of SIUe. There is no charge to participate in the program. If my child is selected, I understand that I will be required to sign a SIUe "hold harmless" agreement.