



VIRTUAL **Scrubs Camp** **Application**

July 14 through July 16, 2020

Student Information

First Name	<input type="text"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>		
Mailing Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>	Date of Birth	<input type="text"/>		
Email Address	<input type="text"/>	Last 4 digits of SSN	<input type="text"/>				

Parent/Guardian Information

Father or Guardian Name	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Email Address	<input type="text"/>		
Employer	<input type="text"/>	Work Phone	<input type="text"/>
Occupation Title	<input type="text"/>		

Mother or Guardian Name	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Email Address	<input type="text"/>	Work Phone	<input type="text"/>
Employer	<input type="text"/>		
Occupation Title	<input type="text"/>		

School Information

Name of School	<input type="text"/>				
School Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
School Phone	<input type="text"/>				
Current GPA	<input type="text"/>				

☐ Please circle current grade below
☐ 8th 9th 10th 11th

List any Extracurricular Activities that you are currently involved with. (Sports, Clubs, Dance, etc.)

List any Summer Enrichment Programs or Summer Camps that you have attended. Be sure to include any other health career camps.

List any Community Activities that you are part of. (Church, Civic Organizations, Volunteer, etc.)

List any Honors or Awards you have received.

What Healthcare Profession are you most interested in pursuing?

Shirt Size

☐

Adult Small

☐

Adult Medium

☐

Adult Large

☐

Adult XLarge

☐

Adult 2XLarge

☐

Adult 3XLarge

All Application Must Be Postmarked By June 26, 2020

Please answer each question below by checking the box:

☐

I have internet access

☐

I have sufficient equipment(Chrome book, Mac, or PC)

☐

If selected I will attend each session during camp hours

☐

If selected I will be attentive, responsive, and courteous to presenters at all times

Mail To:

Southeast KY AHEC
Attention: Ashley Farler
180 Taylor Ridge Road, Suite 101
Hazard, KY 41701

Email To:

afarler0007@kctcs.edu

Student Signature

Date

Parent Signature

Date