

Health Career Exploration Academy Application

Name of applicant: _____ Current grade: _____

Mailing address: _____ Date of Birth: _____

City/State/Zip: _____ Home phone: _____

Gender: _____ High School: _____ Current GPA: _____

Mother's Name: _____ Father's Name: _____

Parents mailing address (if different) _____

Student Email: _____ Parent email: _____

Student cell: _____ Parent cell: _____

Work Experience:

Where	Type of work	Dates

Volunteer Experience:

Where	Type of work/activity	Dates

Other pertinent experiences/activities:

Where	Type of activity	Dates

Health related classes you have taken (CPR, First Aid, High School classes):

Class	Class	Class

What health careers are you interested in: 1) _____
 (list in order of preference) 2) _____
 3) _____

Do you know where you will attend college yet?

_____ no idea _____ not decided _____ pretty sure _____ definitely know

College choices:

(list in order of current preference)

- 1) _____
- 2) _____
- 3) _____

There is no charge to participants in the program. All expenses including course materials, meals, dormitories, and transportation during the program will be covered by funding from the Ottumwa Regional Legacy Foundation.

Acceptance into the *Health Career Exploration Academy* requires a commitment of attendance at the week long summer program as well as three additional days during the following school year. This program is worth 3.0 credits of college credit and as such the participants will complete assignments (prior to and during the program), participate in a job shadow experience, and a service learning project during the school year.

I certify that the information given in this application is true and correct.

Student Signature: _____ **Date:** _____

I am the parent or legal guardian of the child indicated above.

I certify that the information given in this application is true and correct.

I understand no medical coverage is provided by Indian Hills during this program. I understand that all medical expenses incurred should my child become ill or injured while at IHCC and require medical treatment are my responsibility.

I give my permission for my child indicated above to receive emergency medical, dental, or surgical care should it be necessary while my child is attending the Health Career Exploration Academy.

I give permission for my child's photograph to be taken and used without compensation by Indian Hills Community College or the Ottumwa Regional Legacy Foundation for public relations purposes.

I give my permission for my child, indicated above to apply for, and if accepted, participate in, the Health Career Exploration Academy held July 28-August 1, 2014, and three additional days during the school year yet to be set. I understand this program may include local field trips and at least one trip to a University (University of Iowa, Des Moines University, or Truman State University).

Parent Signature: _____ **Date:** _____

Applicant: On a separate sheet of paper submit an essay on why you would like to participate in the Health Career Exploration and Leadership Program. Questions you may want to consider answering in your essay might include:

- 1) What area(s) of health care interest you and why?
- 2) What are your career goals? (short and long term)
- 3) What specific experiences would you like to gain from this program, why would they be valuable to you?
- 4) Is there any other information about yourself or your future plans that you would like to share?

Please scan and email or mail this application with personal essay **by June 15, 2014** to:

Lori Reeves | lreeves@indianhills.edu | Indian Hills Community College | 525 Grandview Ave | Ottumwa, IA 52501