



WESTERN MARYLAND AREA HEALTH EDUCATION EXPLORING CAREERS IN HEALTH OCCUPATIONS 101



Cost: \$150 (financial aid is available-payment is not due until accepted into program)

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if different) _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____
Birthdate: _____ Current Age: _____ Sex: ☐ Male ☐ Female

Are your immunizations up to date? ☐ Yes ☐ No *remember to attach immunization records to application

Please choose the week you wish to attend. We will do our best to accommodate your request. Place a 1, 2, 3 by choice.

____ June 21 – 26, 2015 ECHO 101 at Garrett College ____ June 28 – July 3, 2015 ECHO 101 at Frostburg State University
____ July 12-July 17, 2015 ECHO 101 at Frostburg State University ____ July 6-July 10, 2015 ECHO 201 at Frostburg State University

INFORMATION ABOUT YOUR PARENTS OR GUARDIANS

Parent /Guardian Name(s) : (1) _____ (2) _____
Daytime Phone Number(s): (1) _____ (2) _____
Evening Phone Number(s): (1) _____ (2) _____
Email Address(es) (1) _____ (2) _____
Parents Highest Level of Education (1) _____ (2) _____

YOUR EDUCATIONAL INFORMATION

Current School: _____ City: _____ State: _____
What grade will you be entering in the Fall of 2015: ☐ 10th ☐ 11th ☐ 12th Year you will graduate: _____
Cumulative GPA: _____ *remember to attach current transcript to application

OTHER INFORMATION

Race/Ethnicity:

Do you consider yourself Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

☐ Yes ☐ No

Which of the following best describes you even if you are Hispanic or Latino?

- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Mixed Race

Scrub tops will be provided for each participant. Please indicate your size.

- ☐ XS ☐ XL
- ☐ S ☐ XXL
- ☐ M ☐ XXXL
- ☐ L

What do you hope to gain from the ECHO program?

- ☐ Learn more about a specific career:
- ☐ How to prepare for a career in health
- ☐ Help in deciding what I want to do after high school
- ☐ Meet other students with the same interests
- ☐ Experience what it is like to live at college
- ☐ Hands-on activities in a healthcare setting
- ☐ Other:

How did you find out about ECHO? (Check all that apply)

- ☐ Health Professional
- ☐ Classroom presentation by ECHO coordinator
- ☐ Teacher or Guidance Counselor
- ☐ Website/Facebook/Email
- ☐ Flyer
- ☐ Radio
- ☐ Newspaper
- ☐ From a friend
- ☐ Other:

List any extra-curricular activities, accomplishments, awards, volunteer work, paid job, etc:

What do you plan to do after High School? (Check all that apply)

- ☐ Get a full-time job
- ☐ Go to a 2-year college
- ☐ Go to a 4-year college or university
- ☐ Become a health professional
- ☐ Undecided

Have you participated in any other healthcare related activities?

- ☐ Yes ☐ No If yes, please list:

1. _____
2. _____
3. _____

List 3 health careers you are most interested in exploring:

ESSAY QUESTION

Please respond to the following questions in a 500 words or less, essay formatted, word document.

(Helpful Hint: You will also want to save this essay for future reference as you grow in your educational career.)

1. Why are you interested in a health care career?
2. Why do you want to attend the ECHO summer program?
3. Who is your role model and why?

PERMISSIONS AND SIGNATURES

To be completed by **GUIDANCE COUNSELOR or TEACHER:**

I attest that _____ is responsible, self-motivated, displays a positive attitude, and is interested in learning.

additional comments: _____

Printed Name/ Title

Signature

Date

To be completed by **PARENT or GUARDIAN:**

I give permission for _____ to participate in the 2015 ECHO Summer Program.

I understand that the tuition for the camp is \$150.00 and is not due until my child receives an acceptance letter in the mail.

Are you interested in applying for financial aid for your student ____ YES ____ NO

Printed Name

Signature

Date

To be completed by **APPLICANT:**

I have completed this application completely and truthfully. I have attached the required essay and proofread for accuracy and completeness.

I understand my application will only be accepted when complete.

Printed Name

Signature

Date

Mail your completed application to:

Melissa A. Clark
Western Maryland Area Health Education Center
39 Baltimore Street, Suite 201
Cumberland, MD 21502

Fax your completed application to:

301-777-2649

Scan and Email your completed application to:

mclark@wmahec.org

* Remember to submit the following with this application:

- ✓ Current Transcript
- ✓ Immunization Records
- ✓ Essay

QUESTIONS?

Please contact Melissa Clark
301-777-9150 or mclark@wmahec.org

If transportation or tuition is unavailable for a student who is interested in the ECHO Summer Program, please contact Melissa Clark, 301-777-9150 ext. 115. Western Maryland Area Health Education Center will make every effort to help make participation possible.