

Sam Houston State University Jamp Camp 2015 Application July 19-24, 2015

Name _____ Age _____ *SS# _____

Address _____
Street City State
Zip

Home phone _____ Cell/Mobile phone _____

High school _____

Male _____ Female _____ E-mail address _____

Parents/guardians _____ Phone _____

Emergency contact _____ Phone _____

**High School GPA on a 4.0 scale _____ What grade will you complete May of 2015? _____

List all math and science classes you have taken in high school and the grade you earned in each.

Class name	Grade	Class name	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Counselor's name(s) _____ Phone _____

College Admissions Exam Scores (if taken):

SAT Math _____ SAT Verbal _____ SAT Writing _____

ACT Math _____ ACT English _____ ACT Reading _____ ACT Science _____ ACT Composite _____



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List any college courses taken:

Current College GPA ____

Class name *Grade*

Class name *Grade*

_____	_____
_____	_____
_____	_____

List and explain any relevant activities or awards such as volunteer work, paid work or science fair awards.

_____	_____
_____	_____
_____	_____

I am certified in: First Aid _____ CPR _____ Neither _____

My college plans are _____

Did your parents attend college? _____

If so, where? _____

Father's

Occupation _____

Mother's

Occupation _____



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JAMP (Joint Admission Medical Program) is designed to help economically disadvantaged students realize their dream of becoming a physician in the State of Texas. While economic status is not a consideration for admissions into our summer camp, preference will be given to those with an existing economic need.

Size of household (Number of people living in household including all adults) _____

Were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money) while attending school? Yes _____ No _____

Estimated household income _____

Estimated value of the house in which you live (owned or rented)? _____

Did you or a member of your immediate family ever live in subsidized housing? _____ Yes _____ No _____

Did you have responsibilities in raising other children in your household while attending school? _____ Yes _____ No _____

Did you or a member of your family ever receive benefits from the Federal Free and Reduced Meal program? _____ Yes _____ No _____

How did you hear about this camp? Teacher/counselor _____ Friend _____ Advertising _____
Hospital _____ Other _____

** Parent/Guardian gives permission for the student to apply for the SHSU/JAMP Summer Camp from July 19-24, 2015 at SHSU. I certify that the information on this application is true and correct, and I agree to abide by the camp rules and policies provided upon acceptance.

Parent/Guardian Signature Date

Student Signature Date



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A complete application will include all of the following:

- ✓ **A letter of recommendation from a teacher or counselor**
- ✓ **A 500 word essay about your motivation for a career in medicine**
- ✓ **A completed application form (*this form*).**

**Application due by April 1, 2015
Or
Until all camp slots are filled!**

Send completed application to: Kathleen Gilbert
Sam Houston State
University
College of Health Sciences
Box 2301
Huntsville, TX 77341

Or by Email:
kgilbert@shsu.edu



Sam Houston State University
Member Texas State University System