



**Coastal Pines Technical College** is now accepting applications for the 2015 HEALTH CAREERS SUMMER CAMP to be held at Coastal Pines Technical College and at Mayo Clinic Health System in Waycross **June 22-25, 2015**, 9 a.m. - 4 p.m. The camp is **FREE** and open to current 6th, 7th, and 8th graders. Applications must be received by May 20, 2015, to be considered for the program. Admission is competitive. Enrollment is limited to 32

- Learn about health career options
- Take a hospital tour
- Speak with health career professionals
- Meet other students with similar interests
- Participate in activities related to various health professions

For more information and an application packet, visit the college website at [www.coastalpines.edu](http://www.coastalpines.edu) or contact Mr. Bernie Restrepo, EMS Instructor: 912-284-2936 or [brestrepo@coastalpines.edu](mailto:brestrepo@coastalpines.edu).

## *quick facts*

**Camp Dates:**

June 22-25, 2015

**What Will It Cost:**

Nothing. The Camp is Free.

**Who Can Attend:**

Current 6th, 7th,  
and 8th graders

**Application Deadline:**

**MAY 20, 2015**



Sponsored by Magnolia Coastlands Area Health Education Center, Mayo Clinic Health System in Waycross and Coastal Pines Technical College



# HEALTH CAREERS

## SUMMER CAMP



### STUDENT INFORMATION:

Student's Name (Last, First and Middle Initial)

Mailing Address/P.O. Box

City, State, Zip Code

E-mail Address

Current Grade

Name of School Currently Attending

Location of School (city)

### PARENT/GUARDIAN(S) INFORMATION:

Parent/Guardian(s) Name

Relationship to Student

Street Address/P.O. Box

City, State, Zip Code

(\_\_\_\_\_) Home Number

(\_\_\_\_\_) Work Phone Number

Occupation

Employer

I grant permission for my son/daughter to apply to the Health Careers Summer Camp (a four-day summer camp at Coastal Pines Technical College in Waycross, GA.) I understand information on the application form may be shared with the program sponsors. I also agree to provide transportation for my child to and from the camp.

Signature (parent or guardian)

Date



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**HEALTH CARE CAREERS:**

What health careers are you most interested in?

**ESSAY QUESTION:**

Why do you want to attend the Health Careers Summer Camp?

**APPLICANT'S CERTIFICATION**

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that any false information on this application may result in making me ineligible to be considered for the Health Careers Summer Camp.

\_\_\_\_\_  
Applicant/Student Signature

\_\_\_\_\_  
Date

**Please Submit Completed Application to:**

**MAIL**      **Mr. Bernie Restrepo**  
**EMS Instructor**  
**1701 Carswell Avenue**  
**Waycross, GA 31503**

**E-MAIL**    **brestrepo@coastalpines.edu**

**FAX**        **912-284-2949**



**CONFIDENTIAL**

**2015 HEALTH CAREERS SUMMER CAMP**

**Student:** Please fill in your name, and then give this form, together with an envelope addressed to Coastal Pines Technical College, to your teacher of choice.

**Teacher:** Please complete this form and return it in the envelope provided to Coastal Pines Technical College. Recommendations must be received by May 20, 2015.

**MIDDLE SCHOOL TEACHER’S RECOMMENDATION:**

\_\_\_\_\_  
Student’s Name (Last, First, Middle Initial)

1. What is your relationship to the student (e.g., science teacher for one semester, etc.)?

\_\_\_\_\_

2. How would you assess this student’s classroom attendance?

Excellent (missed 5 days or less)       Good (missed 6-10 days)       Poor (missed more than 10 days)

Comments:

3. How would you assess this student’s conduct and behavior?

Excellent (proper conduct)       Good (proper conduct at most times)       Poor (improper conduct)

Comments:

4. What is your overall assessment of this student as a potential Health Careers Summer Camp participant?

Outstanding (top candidate)       Good (solid student with potential)       Poor (would not recommend)

Comments:

Please use the back of this page to provide any other information you believe would help us evaluate this student’s application. Thank you.

\_\_\_\_\_  
Teacher’s Name (printed)

\_\_\_\_\_  
Teacher’s Signature

\_\_\_\_\_  
Date

