

HOPE

Health Occupations & Professions Exploration

Please type or print legibly in BLACK ink. Note: Consideration for acceptance into the program is based on your responses to the questions below. Please be thorough and thoughtful in your answers.

Personal Information

Full Name:	E-mail address:
Address:	City, State, Zip:
Home Phone:	Student's Cell phone:
Date of Birth:	Male / Female
Camper T-shirt size: (s, med, lg, xl, xxl)	Camper pant size: (s, med, lg, xl, xxl)

Emergency contact information

Parent Name:	Parent work and cell phones:
Parent Name:	Parent work and cell phones:
Emergency contact Name (other than parents):	Emergency contact phone:

School Information

School	Grade in 2018-19 (upcoming school year)
<p><i>To request roommate both students must request each other.</i></p> <p>Roommate request:</p>	

Please explain your interest in medical/health careers.

What do you hope to gain from participation in HOPE?

Describe any high school courses you've taken that relate to medicine/health careers.
(i.e. AP courses, anatomy & physiology, chemistry, psychology, etc.)

Have you, or are you currently participating in any medical/health career education programs in school, at Sanford or elsewhere? If yes, please describe.

Please name three (3) of your strengths that would make you well suited for a career in the health care field.

If you need more room for your answers please attach extra sheets.

Admin Only: Grade _____ Previous Applicant _____

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Due to limited capacity, HOPE camp applications will be screened by our selection committee. Not all applicants are guaranteed a spot. Accepted participants will be notified by May 18, 2018

Consideration for acceptance into HOPE requires a commitment to the program's behavior policy, which is as follows:

I understand that while I am participating in HOPE, I am to behave in a mature manner and obey all rules and regulations. I understand that if I break the rules or behave in an unacceptable manner, ingest or possess illegal drugs, alcohol or tobacco products my parents will be called and I will immediately leave the camp.

I commit to the program's participation policy.

Student's Signature

Date

As parent/guardian of this applicant, I support his/her participation in and commitment to Health Occupations & Professions Exploration.

Parent's/Guardian's Signature

Date

Printed Name of Parent/Guardian

IMPORTANT:

Completed applications must be postmarked no later than **April 20, 2018**.

Checks for payment made out to: **Sanford Health**

Camp Dates: **June 17 – 21, 2018**

Return by mail to:

**Susie Munyer
Sanford Health
PO Box 2010
Fargo, ND 58122-0114**

Or by fax:

(701) 234-7230 Attn: Susie Munyer

Or by E-mail:

susan.munyer@sanfordhealth.org