



# PRIMARY APPLICATION FORM

Project H.E.A.R.T.:

Health Education Advocacy Reflection and Training  
Mini-Medical Summer Camp

JUNE 12-15, 2018 ~ This is a four (4) day overnight camp.

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Month) (Day) (Year)

Parent/Guardian(s) Name(s): \_\_\_\_\_

Parent/Guardian Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Cell Number: \_\_\_\_\_ Parent/Guardian Cell Number: \_\_\_\_\_

High School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Current Year: Junior Senior  
(City) (State)

GPA: \_\_\_\_\_ (to be completed by school) Verified by School Official: \_\_\_\_\_  
(please print name)

- Completed application must include Two (2) Letters of Recommendation from school faculty or administrative staff.
- Completed application must include a personal statement:  
On a separate sheet, describe yourself, include why you would like to attend this program, what you hope to gain from attending this program, and what your interests are outside the classroom.

### Return Application:

E-Mail:  
Subject line: Project HEART Application  
Miyah.washington@nyit.edu

FAX: Clinical Education  
870-680-8848

NYITCOM @ AState  
Attn: Clinical Education  
PO Box 119  
State University, AR 72467

**\*\*\* APPLICATION DEADLINE, MUST BE POSTMARKED BY: APRIL 5, 2018 \*\*\***