



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 *****