

# Raider Red Pharmacy Camp

## June 4-8, 2012

### Student Application Form

Please complete all the information requested. Partial or incomplete applications cannot be considered. Camp application deadline: April 30, 2012. If you have any questions, please feel free to call TTUHSC School of Pharmacy (325) 676-7948 or send an email to [melissa.l.edwards@ttuhsc.edu](mailto:melissa.l.edwards@ttuhsc.edu)

<b>About the Applicant.....</b>	
Applicant's Name _____	Birthday _____
Address _____	City _____
State _____ Zip Code _____	Home Phone _____
Applicant's Email Address _____	
Applicant's Gender (please circle):	Male    Female
Parent/Guardian's Name (print) _____	
Parent/Guardian's Signature _____	
Parent/Guardian's Phone _____	Work _____

Counselor's Name \_\_\_\_\_

Currently enrolled in grade (circle):                      11<sup>th</sup>      12<sup>th</sup>

Please describe your interest in science or math. List the science and math classes you have taken in high school and indicate what grade you earned in each. Name a favorite class:

List any academic hobbies or activities (clubs, groups, etc.):

List any school, church or community activities that you have participated in:

Have you participated in a health related camp before? If so, please describe.

T-Shirt Size (circle): Adult S                      Adult M                      Adult L                      Adult XL                      Adult XXL

**IN CASE OF EMERGENCY**

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergic to any medications? Yes \_\_\_\_ No \_\_\_\_ If Yes, please list: \_\_\_\_\_

**Short Essay**

Please describe your interest in health careers in pharmacy. Describe how you would benefit from attending this camp. Why should you be chosen to participate in the camp?

**Camp Fee**

Students should not send the \$100.00 camp fee until a letter of acceptance is received. For those accepted into the camp, a personal check or money order is due (and made payable) to TTUHSC School of Pharmacy by May 25, 2012. Please do not send cash. "No Shows" will not receive a refund.

**Camp Scholarship**

Students who receive the summer camp scholarship may attend camp without paying the \$100.00 application fee. There are a limited number of scholarships available. To apply, please contact Melissa Edwards for more information.

Will you be applying for a camp scholarship?                      Yes                      No

**Parking Your Personal Vehicle**

Will you be driving yourself to camp?                      Yes                      No

In general, we encourage campers to be dropped off by a parent or guardian.

**Additional Information**

Participants in the program are expected to be present for its entire duration. Students are not allowed to leave the campus or program area (by foot or personal vehicle) at any time without permission from parents or camp staff.

Students will be staying in the residence halls (dorms), each student will be assigned to a room and roommates of the same gender. Students cannot trade rooms (or roommates) during the camp without permission from camp staff. The purpose of being assigned roommates is to allow campers the opportunity to get to know other students from outside their school districts. Students with disabilities or needing special accommodations should inform TTUHSC School of Pharmacy (325) 676-7948 as soon as possible so that arrangements can be made on the student's behalf.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Submitting Your Application Material to Raider Red Pharmacy Camp**

Your completed camp application will consist of the following documents:

1. Student Camper Application
2. Teacher/Counselor Recommendation (must be submitted by a teacher or counselor only)
3. Camp Scholarship Form (optional form)

**Additional Information**

All of these documents must be submitted to TTUHSC School of Pharmacy by the application deadline. Partial or incomplete applications cannot be considered.

TTUHSC School of Pharmacy

1718 Pine

Abilene, TX 79601

Phone: (325) 676-7948

Fax: (325) 676-1412

# Raider Red Pharmacy Camp

## Teacher / Counselor Recommendation Form

Teacher or Counselor:

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Mailing Address of High School \_\_\_\_\_

Phone Number \_\_\_\_\_

Academically, I consider this student to be (circle)    an "A" student    a "B" student    a "C" student

### Assessment of Applicant's Performance and Potential

Please rate the applicant in comparison with other students you have known.

Please Check	Top 5%	Top 10%	Top 11-25%	Top 26-40%	Unobserved
Interested in a health career in pharmacy					
Potential in a health career in pharmacy					
Interested in science or math					
Displays appropriate behavior in class					
Ability to work in groups					
Ability to work individually					
Oral expression					
Written expression					
Maturity					

# Raider Red Pharmacy Camp

Teacher / Counselor Recommendation Form

**Applicant:**

Please fill out all the information on this page. Give both pages to the teacher or counselor you are requesting the recommendation form. You must provide a stamped envelope addressed to TTUHSC School of Pharmacy at the address listed below for the teacher or counselor to return your recommendation to our office. An evaluation returned to, or mailed by, the student will be considered invalid. The teacher or counselor may fax the forms directly to TTUHSC School of Pharmacy at (325) 676-1412.

Teacher/Counselor form deadline is May 11, 2012.

Applicant's Name (print) \_\_\_\_\_

High School \_\_\_\_\_

"I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that its contents shall remain confidential."

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Teacher or Counselor:**

The student whose name appears above is applying for admittance to Raider Red Pharmacy Camp, hosted by Texas Tech University Health Sciences Center School of Pharmacy, for students entering the 11<sup>th</sup> or 12<sup>th</sup> grades. The purpose of this camp is to expand students' understanding of pharmacy health career opportunities available to them and to help prepare them for entering college and other training programs. Your candid estimate of the student's academic performance, personal characteristics, and level of health careers is essential. Because of federal legislation giving students the right to their educational records, we cannot guarantee the confidentiality of your statements unless the students and his/her parent or guardian has signed the waiver on the gray box above.

We appreciate your time and interest in assisting us to select the most qualified applicants. Please contact TTUHSC School of Pharmacy at (325) 676-7948 with any questions you may have about Raider Red Pharmacy Camp.

Please mail or fax the completed recommendation form to:

TTUHSC School of Pharmacy  
1718 Pine  
Abilene, TX 79606  
Fax: (325) 676-1412