Bright Minds, Bright Futures
Explore Health Careers!

7th – 8th Grades
July 5 – 8, 2016
8:30 a.m. – 4 p.m.
Free Registration
Lunch and Snacks Included

9th – 12th Grades
July 11 – 15, 2016
8:30 a.m. – 4 p.m.
Free Registration
Lunch and Snacks Included

Have fun and explore great health careers in which YOU can make a difference!

MASH Camp and Camp MD offer fun, hands-on experiences to learn about local health care education programs and careers. Hosted at Indian Capital Technology Center in Muskogee, both camps include field trips to area colleges, hospitals, and clinics.

Free to attend. Limited to 20 Students in each camp, so apply early. Lunch, snacks and all materials provided.

Submit application by May 27, 2016
by fax to 918-516-0661, by email to lisa@eokhealth.org
or mail to: EOK Health Care Coalition
PO Box 3778, Muskogee, OK 74402
If you have questions, email lisa@eokhealth.org
or call (918) 913-1011.

Space Limited.
Applications due May 27!
2016 MASH Camp and Camp MD Application

Return Applications by May 27 to EOK Health, PO Box 3778, Muskogee, OK 74402
Fax: (918) 516-0661 or Email: lisa@EOKHealth.org. Phone: (918) 913-1011

Student Name: ____________________________ Grade (for upcoming year): ______

Mailing Address: ____________________________ City: ______ State: _____ Zip: ______

Home Phone: (___) _____ - ______ Cell Phone (___) _____ - ______  Sex: M F

Email address: ____________________________________________________________

Name of School (2016-2017) ___________________________________________ T-Shirt Size: __________

For which camp are you applying to attend? (Check one)
___ Camp MD, 7th & 8th grades, July 5 - 8  OR  ___ MASH Camp, 9th - 12th Grades, July 11 - 15

How did you hear about MASH Camp and Camp MD?
__ School Counselor or Teacher  __ Health Careers Club  __ Friend or Family  __ Radio
__ Facebook  __ EOK Health website  __ Newspaper  __ ICTC  __ Other: __________

1) Have you attended Mash Camp or Camp MD before? Yes No

2) What do you hope to gain by attending this camp? __________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

3) What health career fields interest you? ____________________________________________________
__________________________________________________________________________________

RECOMMENDATION: Ask an adult who is not related to you fill out the following information. This can be a teacher, counselor, principal, employer, or other adult who knows you well.

Name: ______________________________________________________________________________________________________________

How do you know the Applicant? _________________________________________________________________

Please place an “X” in the box that you feel best describes the applicant’s attributes.

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>Responsibility</td>
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<td>Age-appropriate maturity</td>
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<td>Cooperation (gets along well with others)</td>
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<td>Interest in health and/ or science</td>
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Recommender Signature ____________________________ Date: ______________

Name of Parent/Legal Guardian: ________________________________________________

Preferred Daytime Contact Number: (___) _____ - ______ Email: _____________________

I give permission to ______________________________ to apply for summer camp and to participate in 2016 Camp MD or MASH Camp, if selected.

Signature of Parent/Legal Guardian ____________________________ Date: __________