

Dear parent/guardian of applicant,

We are excited that your student is interested in participating in McLane Children's Health Sciences Summer Camp.

This is a great opportunity for students considering a career in health sciences to get a "behind the scenes" look at pediatric healthcare. Students accepted to the camp will participate in a variety of classroom simulations, learning specific introductory competencies for a variety of healthcare career fields. Students will observe multiple departments within the hospital / clinics. Our program has two possible sessions. Each session is 5 days in length, starting promptly at 9:00am and ending at 4:00pm. Students in the camp are expected to complete all 5 days. **The application, personal essay and recommendation letters must be submitted to HEALTHSCIENCECAMP@BSWHealth.org to be considered.**

- Health Sciences Summer Camp Application
- Student Personal Essay (Essay must include student's full name)

Each student is expected to provide an essay, including the following topics:

- Describe your career interests and how you would benefit from attending the Health Sciences Summer Camp. (Minimum 200 – 250 words)
 - What would you consider your most important achievement and why? (Minimum 200 words)
 - Why should you be selected to attend the Health Sciences Summer Camp? (Minimum 100 words)
- Recommendation Letters
 - Students are required to have two recommendation letters submitted by a teacher, coach, youth group leader, etc. Recommendation letters cannot not be submitted by parents / family members.

Students are allowed to select one session. Students MUST attend all 5 days and for the entire day. Students and one parent/guardian MUST attend orientation prior to the start of the program. All information on dates and times are noted on page 3 of the application packet.

Applications will be accepted through May 1st for Session I and May 31st for Session II. The application, essay, and recommendation letters must be submitted by the appropriate deadline to be considered. Completion of the application packet does not guarantee admission to the program, as spaces are limited. Students will be notified of acceptance or denial via EMAIL.

Respectfully,

Tunika Herron





Health Sciences Summer Camp Application

Please complete this application if you are interested in participating in the Health Sciences Summer Camp at Baylor Scott & White McLane Children's Medical Center.

Student Contact Information

First Name: _____

Last Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

High School: _____

Email

Email is the preferred method of contact with the students. Please provide an email that you will have access to year-round, as communication will occur during the school year and in the summer months. We do not share this information and will never send advertisements or solicitations of any kind.

Email Address: _____

Parent Email Address: _____

Demographics

Gender: Female ___ Male ___

Date of Birth: Month _____ Day _____ Year _____

Grade Level: Check what grade you are in **THIS** school year ** 9th ___ 10th ___ 11th ___ 12th ___

Emergency Contact

In the event of an emergency who should we notify?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to you: _____

Camp Session Preference

Please select your first choice. If the session is full and you are accepted into the program, you will be offered the available session.

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| <p>Session I</p> <p>Orientation: June 13th</p> <p>Time: 2:30pm – 4:00pm</p> <p>Program Dates: June 16th – June 20th</p> <p>Time: 9am – 4pm</p> |
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| <p>Session II</p> <p>Orientation: July 11th</p> <p>Time: 2:30pm – 4:00pm</p> <p>Program Dates: July 14th – July 18th</p> <p>Time: 9am – 4pm</p> |
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Unit / Clinic Observations

Students will have the opportunity to observe healthcare professionals in the departments listed below.

| | | |
|--------------------------------------|----------------------------------|-------------------------------------|
| Physical / Occupational Therapy | Respiratory Therapy | Radiology |
| Sterile Processing | Day Surgery | Transport |
| Cardiology | Hematology / Oncology | Emergency Medicine |
| PICU – Pediatric Intensive Care Unit | MED SURG - Medical Surgical Unit | NICU – Neonatal Intensive Care Unit |

Shirt Size (Circle One)

Each participant will receive a Health Sciences Summer Camp t-shirt that is to be worn throughout the week.

Select your Size:

Small _____

Medium _____

Large _____

X-Large _____

2X _____

3X _____

Student Agreement

I affirm that the information I have provided is true and correct to the best of my knowledge. I agree to conform to the Baylor Scott & White McLane Children’s Medical Center and the Volunteer Services rules and regulations. I also agree to respect the confidential nature of hospital information as well as information obtained as a result of personal contacts with patients. I also agree to participate in orientation and understand that I will not be paid for my services as a student of the Health Sciences Summer Camp. I understand that the student relationship is for the assigned program time frame and may be terminated at any time for any reason by the Manager of Volunteer Services at Baylor Scott & White McLane Children’s Medical Center.

I Agree

I understand and agree that submitting this application form does not automatically accept me into the program, and that there may be certain qualifications I must meet, including, but not limited to the acceptance of established Health Sciences Summer Camp policies and procedures, and completion of orientation, before I may begin the camp.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

_____ I Agree

Signature

Date

Thank you very much for your interest in 2025 Health Sciences Summer Camp, hosted by Baylor Scott & White McLane Children’s Medical Center. We appreciate your time and commitment to our mission of serving children and their families here in Central Texas.

Respectfully,
Tunika Herron
Manager, Volunteer Services
McLane Children’s Medical Center
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Temple, TX 76502
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