

Health Sciences Seminar



WEST VIRGINIA UNIVERSITY STUDENT APPLICATION

Seminar Dates: Wednesday, June 9 - Thursday, June 10, 2010

Directions:

1. Read the attached letter and share it with your parents(s).

2. Complete application and return it to:

WVU Health Sciences Seminar
c/o Health Careers Opportunity Program
P.O. Box 9027
Morgantown, WV 26506-9027

Applications should be postmarked no later than May 29, 2010

General Information

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City/Town State Zip

Social Security Number: _____ - _____ - _____

County: _____ Phone: (304) _____ - _____ Age _____

Have you attended a previous Health Sciences Seminar at WVU? _____yes _____no

If so, when? _____

Will your parent/guardian be providing transportation for you? _____yes _____no

Will your parent/guardian be attending? _____Mother _____Father _____Both

School Information

School Name: _____ Grade next year: _____

School Address: _____
Street/P.O. Box City/Town State Zip

What science courses have you taken? _____

What are your strongest subjects in school? _____

Parental/Guardian Information

Parent/Father/Guardian's Name: _____
Last First Middle

Occupation: _____ Work Phone: _____

Parent/Mother/Guardian's Name: _____
Last First Middle

Occupation: _____ Work Phone: _____

In order to meet Federal requirements, we ask that you please respond to the following:

Gender: _____ Female _____ Male Family size: _____

First generation college bound (will you be the first in your family to pursue a college education):
_____ Yes _____ No

Ethnicity: African American /Black _____
European American/White _____
Native American/Indian _____
Hispanic _____
Asian _____
Other (please explain) _____

Family Income Level:
\$0-\$9,072 _____
\$9,072-\$12,264 _____
\$12,264-\$15,468 _____
\$15,468-\$18,060 _____
\$18,060-\$21,864 _____
\$21,864-\$25,056 _____
\$25,056 and over _____

Please write a brief statement on why you would like to attend the Seminar:

Student's signature: _____ Date: _____

**APPLICATION, STUDENT CONTRACT, PARENT PARTICIPATION FORM, ROOMMATE REQUEST,
MEDIA AND MEDICAL RELEASE INFORMATION FORMS MUST BE POSTMARKED NO LATER
THAN MAY 29, 2010.**



STUDENT CONTRACT

I, _____, the undersigned student, plan to attend the 2010 HSS Summer Program at West Virginia University on June 9-10.

I understand that the staff of the summer program strives to maintain a strong quality program. I understand that I am expected to act appropriately - maintaining good and responsible behavior at all times. I understand and agree to abide by all the HSS Rules and Regulations, some of which are:

1. I am required to attend, participate, and be punctual for all classes, workshops, and other scheduled activities.
2. I am required to stay in the assigned residence hall.
3. I will not damage or deface property. If I do deface property, I will assume financial responsibility for the damaged items.
4. I will not consume or possess any form of tobacco, alcoholic beverage, or illegal drug.
5. I will not take other's possessions without the owner's permission (stealing).
6. I will not disrespect or disregard authority figures on campus.
7. I understand that females are not permitted on the male floors and males are not permitted on the female floors.
8. I agree to follow all other rules and regulations implemented by HSS.

I further understand, if I commit any one of the above infractions, I may be sent home immediately and may not be allowed to participate in future HSS campus programs.

By signing below, I understand that the primary purpose of the summer HSS program is educational and that I share in the responsibility of achieving the goals of the program. I agree to put forth my best effort at all times.

Student Signature and Date

I have read the above and in the event my child is dismissed from the campus program, by signing this form, I agree to come to campus immediately to pick him/her up.

Parent/Guardian Signature and Date

STUDENT T-SHIRT SIZE
(Please Circle One)

S M L XL OTHER _____

Health Sciences Seminar



WEST VIRGINIA UNIVERSITY

PARENT /GUARDIAN/ SCH. COUNSELOR PARTICIPATION FORM

A special program is planned for those parents who wish to attend the seminar with their child. All meals and overnight lodging at Towers Residence Hall will be provided free of charge by the University for two (2) adults and the student.

Room assignments will be arranged through the Towers Conference Office with two people assigned to each room. Adults and students will not be staying in the same room.

Will a parent, guardian or school counselor be attending the seminar?

Yes _____ No _____

If yes, please indicate the name(s) of the person(s) who will attend.

Print Student Name _____

Print Parent Name _____

Print Parent Name _____

Parents, Guardian and Counselors, we recommend that you and/or your child bring the following items to the Seminar:

- Casual attire
- Comfortable Shoes
- Night Clothes
- Toothbrush & Other Personal Necessities
- Jacket or Sweater
- Spending Money (optional)

Note: pillows and bedding (i.e., sheets, blankets) will be provided. If the adult attending would prefer to stay in a motel or hotel close by they may do so at their own expense.

**PARENT PARTICIPATION FORM MUST BE POSTMARKED
NO LATER THAN MAY 29, 2010.**

Health Sciences
Seminar



WEST VIRGINIA UNIVERSITY
Roommate Request Form

Student's name

would like to share a room with

Roommate's name

during the Health Sciences Seminar.

I understand that if I do not name a roommate, that one will be assigned to me.

Parents, we recommend that you and your child bring the following items to the Seminar:

- Casual attire
 - Comfortable Shoes
 - Night Clothes
 - Toothbrush & Other Personal Necessities
 - Jacket or Sweater
 - Spending Money (optional)
-

Note: pillows and bedding (i.e., sheets, blankets) will be provided.

Health Sciences Seminar



WEST VIRGINIA UNIVERSITY Medical Release

I hereby authorize West Virginia University Board of Trustees and its faculty physician's employees at West Virginia University to act on my behalf, in the event of a medical emergency involving my son/daughter dependent while he/she is attending the HSS Summer Campus Program at the WVU Health Sciences Center.

I authorize West Virginia University and its faculty physician's employees to provide immediate, non-emergency care for my son/daughter dependent during this period.

I agree to be responsible for any expenses, charges, or bills incurred by my son/daughter dependent while participating in the Health Sciences Seminar Program. I release the West Virginia University Board of Trustees and its employees from any and all liabilities for such expenses, charges and/or bills.

Son/Daughter's Name

Parent/Guardian Signature

Witness Signature

Date

Date

Medical Information

West Virginia University

Student's Name		Birth Date
Address		
Mother's Name	Home Phone	Work Phone
		Work Hours
Father's Name	Home Phone	Work Phone
		Work Hours
In case the parents cannot be contacted, list three persons who have permission to pick up the student in an emergency.		
Name and Relationship		Home Phone
		Work Phone
Name and Relationship		Home Phone
		Work Phone
Name and Relationship		Home Phone
		Work Phone
In case of emergency, I give permission for my child to be transported to an available hospital or other medical facility.		
Signature of Parent/Guardian		Date
Student's Local Faculty physicians		Phone
Medical Insurance Carrier		Policy #
Social Security Number of Policy Holder		
Does the student have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe any allergies.	
List any medical conditions, including asthma, previous health issues, etc.		
List any medications the student takes on a regular basis. You must submit the medication in the original container, labeled with the child's name and clear instructions to the Summer Campus Director.		
Do you give permission for your child to take Tylenol for headaches and muscle cramps? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you give permission for your child to take Pepto-Bismol for an upset stomach or indigestion? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Health Sciences Seminar



WEST VIRGINIA UNIVERSITY

MEDIA RELEASE FORM

In consideration for the privilege of participating in educational, recruiting and/or development of related activities of West Virginia University, I hereby give consent to be audio-taped, videotaped or photographed.

I further authorize West Virginia University and/or West Virginia University Hospitals, Inc. and their component parts to use this material in whole or in part, in any manner that they deem appropriate, including any reproductions thereof, in the production of educational, instructional or institutional advancement materials in the support of the educational and outreach activities of the institution.

I hereby waive any right I may have to inspect and/or approve the material, and release West Virginia University from any and all liability which could result from its use.

Model/Student Name: _____

Address:

Phone: _____

Approved by Parent/Guardian: _____

Date:

As the parent(s)/guardian(s) attending the Health Sciences Seminar, I hereby give consent to be audio-taped, videotaped or photographed. I hereby waive any right I may have to inspect and/or approve the material, and release West Virginia University from any and all liability which could result from its use.

Parent/Guardian Name: _____

Signature: _____

Date: _____