



**STUDENT/GUARDIAN INFORMATION**

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street/P.O. Box City State ZIP Code

**Known Student Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Student Medical Condition(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Additional Emergency Contacts (list at least two other individuals in addition to parent/guardian):**

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**CAMP DAY PREFERENCE**

Camps will be held on Marion County Public Schools teacher workdays; final dates to be announced.

June 16: Radiography and Surgical Technology

June 17: Nursing and Physical Therapist Assistant

Either day sounds exciting!

## APPLICANT CHECKLIST

The items below must be attached for this application to be considered complete.

- Have you attached a copy of your most recent report card?  Yes  No
- Have you attached a letter of recommendation from a current teacher?  Yes  No
- Have you attached a one-page letter explaining why you'd like to attend this camp?  Yes  No
- Have you attached a copy of your Interest Inventory from My Career Shines?  Yes  No

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**Please submit the application and required documents via one of the choices below.**

**Mail to:**

College of Central Florida  
Health Sciences, 37-101C  
3001 S.W. College Road  
Ocala, FL 34474-4415

**OR**

**Email to:**

[healthsciences@cf.edu](mailto:healthsciences@cf.edu)

**Office use only.**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_  
MM/DD/YY

Attachments:  Report Card  Letter of Recommendation  One-Page Explanation  Interest Inventory