The UW Nurse Camp is a 1-week summer program that seeks to foster, affirm, and encourage high school sophomores and juniors to pursue a career in nursing at no cost to the camper. Campers will be exposed to clinical, academic, community service activities and much more! To learn more about the UW Nurse Camp, please visit https://nursing.uw.edu/community/nurse-camp/.

Eligibility:
- By summer, have recently completed your sophomore or junior year of high school and reached 16 years of age by the first day of camp.
- Demonstrate an interest in nursing.
- Come from a socially and/or economically marginalized background (for example: economic, geographic, education, first in your family to go to college).
- Must have access to a mode of transportation to attend camp daily, as we do not provide transportation or overnight stay accommodations.

Application Checklist: (ALL application materials must be postmarked or emailed by April 15.)

- Download the UW Nurse Camp application form: https://nursing.uw.edu/community/nurse-camp/ and submit your application materials—application form and high school transcript—by mail or email.

- A current high school official sealed transcript (ask your counselor how to obtain yours), mailed to the address above. Must be postmarked by April 15.

- One (1) completed recommendation form from a Science Teacher, Academic Advisor, Employer, Volunteer, Supervisor or Mentor who knows about your goals of becoming a health professional. Your recommender must submit their recommendation to us by April 15. Recommenders can mail their physical copy in a sealed envelope with their signature on the back, to the address above, or scan and email it to us at uwnursecamp@uw.edu.
UW NURSE CAMP 2020
APPLICATION FORM

PERSONAL INFORMATION

1. Last Name: ___________________________ First Name: ___________________________ M.I.: ______

2. Name you go by: ___________________________ Phone Number: ___________________________

3. E-mail address (required): ___________________________

4. Address: ____________________________________________
   Street
   City
   State
   Zip Code

5. County: ___________________________

6. Gender ___________________________

7. Preferred Pronouns (she/her/hers or he/him/his or them/they) ___________________________

8. Birthdate: ___________________________

9. Present Age: _______

The following two questions are asked purely for statistical data.

What you disclose here in no way affects your admissibility to UW Nurse Camp. We encourage everyone to apply!

10. Status/Citizenship:
    ☐ U.S. Citizen ☐ Permanent Resident ☐ DACA ☐ No Selection

11. How do you describe your ethnicity? (check all that apply)
    ☐ Black/African American ☐ Mexican-American
    ☐ Mainland Puerto Rican ☐ Other Hispanic: ___________________________
    ☐ Asian/Pacific Islander ☐ Caucasian
    ☐ Native American/Tribe: ☐ Other (specify): ___________________________
    ☐ Unavailable (or unknown)
EDUCATIONAL BACKGROUND

12. High school presently attending: ____________________________ City: _______________ 

13. Current high school grade level: □ Sophomore □ Junior 

14. Do you speak any languages other than English fluently? __________________________ 

15. Science and Math Education: List the titles and grades received for science and math courses taken in high school. 

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16. Do you plan to attend college? □ Yes □ No 

☐ 2 yrs. ☐ 4 yrs. Other (specify): __________________________ 

17. Have you attended or plan to attend any other summer programs? __________________________ 

18. Have you attended any other summer programs? Yes □ No □ 

If yes, which one(s) and when? __________________________ 

19. In order, rank your top three future career interests. 
A. __________________________ B. __________________________ C. __________________________ 

ACTIVITIES

20. A. List extracurricular and sports activities in which you have been involved while attending high school. 
   __________________________ 
   __________________________ 

B. List any honors you have received while attending high school. 
   __________________________ 
   __________________________ 

21. List jobs (paid or volunteer) held during high school, noting dates and approximate hours per week (babysitting and yard work may be included). 

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22. Will you have a Certified Nursing Assistant license before camp? (Not required, used to determine UW Medical Center Shadowing placement) Yes □ No □ 

23. How did you find out about the UW Nurse Camp program? __________________________
FAMILY BACKGROUND (To Be Completed by Parent or Guardian)

The following questions are asked purely for statistical data.

24. Parental status (optional):
   - [ ] Married/Partnered
   - [ ] Divorced
   - [ ] Legally Separated
   - [ ] Single Parent
   - [ ] Widowed

25. PARENT/GUARDIAN
    Name: ____________________________
    DOB: ____________________________
    Occupation: ______________________
    Education: _______________________ (Level completed)

    PARENT/GUARDIAN
    Name: ____________________________
    DOB: ____________________________
    Occupation: ______________________
    Education: _______________________ (Level completed)

    PARENT/GUARDIAN
    Name: ____________________________
    DOB: ____________________________
    Occupation: ______________________
    Education: _______________________ (Level completed)

26. Have you or your spouse/partner ever worked in a Health Care field?  
   Yes [ ]  No [ ]

27. How many people currently reside in your household?  
   # of Adults: _________  # of Children: _________

28. Have any of your children ever gone to college or vocational school?  
   College:  Yes [ ] yrs. ______  No [ ]  Vocational School:  Yes [ ] yrs. ______  No [ ]

29. How likely is it that your child who is applying to UW Nurse Camp will attend college?  
   [ ] Very Likely  [ ] Somewhat Likely  [ ] Not Very Likely

30. What would prevent your child from attending college or vocational school?  
   [ ] Financial Situation  Other (specify): __________________________

31. Is your child eligible for the National Free/Reduced Price Lunch program?  
   [ ] Yes - Free Lunch  [ ] Yes – Reduced Price Lunch  [ ] No

32. Total annual household income (please include ADC, Child Support, Alimony, Pensions, etc.)
   - [ ] Less than $10,000
   - [ ] $10,000 - $25,000
   - [ ] $25,000 - $40,000
   - [ ] $40,000 - $55,000
   - [ ] $55,000 - $70,000
   - [ ] $70,000 - $85,000
   - [ ] $85,000 - $100,000
   - [ ] $100,000 and up

   Family size: _________________________

33. Do you have health insurance?  Yes [ ]  No [ ]

34. Type of Coverage: ____________________________
ESSAY QUESTIONS

We are interested in why you are seeking a career in nursing and how an experience such as the UW Nurse Camp summer program can be of benefit to you. Please provide detailed answers for the following questions. Please type answers on a separate sheet of paper.

1. Why are you interested in nursing? What is unique about you, your life experiences, your talents, your personality that makes you – uniquely you, that makes this a good career choice for you. (150-250 words)

2. Describe a health problem you have observed in your community. What are some strategies that could be used to combat this problem? (150-250 words)

3. The UW Nurse Camp summer program is intended for students who are somehow disadvantaged. Describe, if any, what barriers or circumstances you face that would keep you from attending college or completing a college degree. (150-250 words)
IMPORTANT:
PARTICIPATION IN THE UW NURSE CAMP SUMMER PROGRAM DEMANDS A COMMITMENT OF ATTENDANCE JULY 13-17, 2020 FROM 8:30AM-4:30PM. OUTSIDE JOBS, SUMMER SCHOOL, OR SUMMER CAMP ARE NOT RECOMMENDED.

THE UW NURSE CAMP INVOLVES A SIGNIFICANT AMOUNT OF WALKING, SITTING, STANDING, AND GROUP PARTICIPATION. THE CAMP INVOLVES ACTIVITIES INCLUDING: A SCAVENGER HUNT ACROSS THE CAMPUS, CPR TRAINING, YOGA, EMERGENT ASSESSMENT SCENARIOS, AND NURSE SHADOWING AT THE UW MEDICAL CENTER. PLEASE LET US KNOW IF YOU HAVE QUESTIONS OR CONCERNS WITH THE PHYSICAL RIGOR OF THE PROGRAM SO THAT WE CAN PLAN SUPPORT AND ACCOMMODATIONS.

UW NURSE CAMP IS A DAY CAMP AND DOES NOT OFFER OVERNIGHT ACCOMMODATIONS.

UPON ACCEPTANCE INTO THE UW NURSE CAMP PROGRAM, PROOF OF IMMUNIZATIONS, HEALTH CARE INSURANCE, A COPY OF PHOTO ID CARD IF A PERMANENT RESIDENT AND OTHER ADMISSION FORMS WILL BE REQUIRED.

THE UNIVERSITY OF WASHINGTON SCHOOL OF NURSING AND UW MEDICAL CENTER UW NURSE CAMP PROGRAM RESERVES THE RIGHT TO REMOVE STUDENTS FROM THE SUMMER PROGRAM AT ANY TIME FOR MISCONDUCT OR NON-COMPLIANCE WITH POLICIES AND PROCEDURES.

I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE GUIDELINES AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant: __________________________ Date: __________________

Print Name of Parent/Guardian: _____________________________________________

Signature of Parent/Guardian: __________________________ Date: __________________

The University of Washington ensures equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, citizenship status, disabled veteran, or Vietnam era veteran status in accordance with University policy and applicable federal and state statutes and regulations.