The UW Nursing Summer Symposium is a 1-week fully online 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 student.

To learn more about the UW Nursing Summer Symposium, 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 the symposium.
- 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).

Application Checklist: (Application must be postmarked or emailed by May 15.)
- Fill out this UW Nursing Summer Symposium application form and submit your application materials by email on May 15th. If you do not have access to email, you may mail it to the address at the top of this page. The application must be postmarked by May 15th. We do NOT require transcripts or a letter of recommendation for the UW Nursing Summer Symposium.
UW NURSING SUMMER SYMPOSIUM 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 Nursing Summer Symposium. 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: ____________________________  Name: ____________________________  Name: ____________________________
   DOB: ____________________________  DOB: ____________________________  DOB: ____________________________
   Occupation: ____________________________  Occupation: ____________________________  Occupation: ____________________________
   Education: ____________________________  Education: ____________________________  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 NURSING SUMMER SYMPOSIUM SUMMER PROGRAM DEMANDS A COMMITMENT OF ONLINE ATTENDANCE JULY 13-17, 2020 FROM 9:00AM-12:30PM. OTHER ACTIVITIES AT THIS TIME ARE NOT RECOMMENDED.

THE UW NURSING SUMMER SYMPOSIUM INVOLVES A SIGNIFICANT AMOUNT OF ATTENTION AND GROUP PARTICIPATION IN AN ONLINE SETTING AND WILL NEED ACCESS TO A DEVICE AND WIFI. PLEASE LET US KNOW IF YOU HAVE QUESTIONS OR CONCERNS WITH THIS PORTION OF THE PROGRAM SO THAT WE CAN PLAN SUPPORT AND ACCOMMODATIONS. EMAIL UWNURSEAMP@UW.EDU

UW NURSING SUMMER SYMPOSIUM IS FULLY ONLINE PROGRAM AND WILL NOT BE ON CAMPUS

UPON ACCEPTANCE INTO THE UW NURSING SUMMER SYMPOSIUM ADMISSION FORMS WILL BE REQUIRED.

THE UNIVERSITY OF WASHINGTON SCHOOL OF NURSING UW NURSING SUMMER SYMPOSIUM 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.