



BAPTIST HEALTH®

100 DAYS OF SERVICE

100 YEARS

Healthcare Education & Experience Camp Application

June 17-21, 2024

Baptist Health Corbin

Student's Name _____

Last

First

Nickname (if any)

Address _____ E-Mail _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Age _____ Gender _____

Parent(s)/Guardian(s) _____ Cell Phone _____

_____ Cell Phone _____

Emergency Contact other than Parent/Guardian _____

Phone _____ Relationship to Student _____



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Current School Name _____ Grade for the 2023-2024 School Year* _____

**Must be a current Junior or Senior High School Student*

GPA _____

Extracurricular Activities

Academic Achievements

Why are you interested in participating in the Healthcare Education & Experience Camp?

What specific aspects of healthcare are you most interested in learning about during the camp?



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Have you participated in any healthcare-related activities or volunteer work? If yes, please provide details.

How do you believe participating in this camp will benefit your future academic and career goals?

Please submit the following with your application:

- High school transcript
- Two letters of recommendation from school administrators (teacher, principal, guidance counselor, etc.)

I certify that all information provided in this application is accurate to the best of my knowledge. I understand that completing this application does not guarantee acceptance into the Healthcare Education & Experience Camp. If selected, I agree to abide by the rules and regulations set forth by the camp organizers.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years old): _____ Date: _____

Please return completed application, transcript and letters of recommendation to Bridget.Goins@bhsi.com by March 29, 2024.