



Guahan Area Health Education Center
2015 SUMMER ACADEMY STUDENT APPLICATION
July 20 – July 31, 2015



Student Name: _____

Parent or Legal Guardian Name: _____

Current Telephone Number(s): _____

E-mail Address: _____

Current Grade Level: _____ Expected Graduation Year: _____

Why are you interested in applying for the Area Health Education Center Summer Academy?

Note to parents or legal guardians and students:

Please complete this two-part application. Applications will be reviewed for accuracy. Incomplete applications or sections left blank will affect the student’s admission. Students will be selected on a first come first serve basis and will be contacted by an Area Health Education Center (AHEC) staff.

The 2015 Summer Academy will commence on July 20 to July 31, with the exception of July 21 being that it is Liberation Day. The Summer Academy will begin promptly at 8:00 a.m. every day and students will be dismissed by 3:00 p.m. However, students must arrive no later than 7:45 a.m. and picked up no later than 3:00 p.m. Students who are selected into the program must have a reliable transportation to and from the Guam Community College (GCC). Students who anticipate being late or absent must notify an AHEC staff immediately.

This program is funded by the Guahan AHEC grant and is free for participants who have been selected for the Summer Academy.

Student Information Form

GCC Visit

SNHS Visit

School Visit

Date:

Name of School:

Teacher:

Grade:

Last Name:

First Name:

Birthday: (mm/dd/yy)

Gender: M

F

Please CHECK the Health Career(s) you are interested in and CIRCLE your first choice:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medical Technologist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Medical Laboratory Technician | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Biomedical Researcher | <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Occupational Therapist Assistant | <input type="checkbox"/> Radiologic Technician |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Paramedic (EMT/MICT) | <input type="checkbox"/> Public Health Worker |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Phlebotomist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Physical Therapist Assistant | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Other (Please Specify:) | |

Check ONE ethnic background you identify most with:

- | | |
|--|---|
| <input type="checkbox"/> Native American / American Indian | <input type="checkbox"/> African American / Black |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Caucasian / White |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Other Pacific Islander (Please Specify) | <input type="checkbox"/> Other Asian (Please Specify) |
| <input type="checkbox"/> Other (Please Specify) | |

Would you like to be contacted with more information about the Health Services Career(s) you chose? Please CIRCLE one:

YES **NO**

If you answered YES, please provide us with your contact information:

Address:

City:

ZIP Code:

State:

E-mail:

Phone:

Thank you for filling out this form.

PLEASE RETURN THIS FORM TO: Guam Community College, Area Health Education Center (AHEC). Submit in person, fax to (671)735-5498, or by e-mail: cecile.olandez@guamcc.edu. For more information call (671)735-8886.