**Junior University Health Science Summer Camp 2019**

**Information & Application Package**

Dalhousie's Faculty of Medicine Indigenous Health Program is happy to be accepting applications for the **2019 Junior University Health Science Summer Camps (Formally the Indigenous Health Science Summer Camp)**. Indigenous Nova Scotian students from across Nova Scotia who are interested in a career in health are invited to apply for this unique opportunity. The purpose of the camp is to increase interest in the health professions within the Indigenous community. The camp will introduce youth to a variety of health professions through fun, hands-on and interactive programming. The camp will also consist of personal development, cultural and recreational activities such as drumming, swimming and other outdoor activities.

Youth can apply for the one or all of the following summer opportunities:

* Halifax, Dalhousie University – July 7-11, 2019 (Grade 8, 9, 10, 11)
* Antigonish, St. FX University – July 16-19, 2019 (Grade 8, 9, 10, 11) \*
* Sydney, Cape Breton University– July 22-25, 2019 (Grade 8, 9, 10, 11) \*

*\*In collaboration with PLANS (African NS Health Science Summer Camp)*

Accepted students will arrive on the first day of the camp and remain on the respective campus until the final day. This is an **overnight camp** – accommodations, meals and snacks are provided. Participants will be responsible for their transportation to and from home.

**Application Process**

Submit the following by **Monday, May 27th, 2019**:

* Completed application form with signatures from student **and** parent/guardian
* Personal letter of interest (maximum 1 page; typed or hand written) describing the following:
  + **What you like to do for fun, where you live and your community, what your favorite school subjects are, and why you would like to attend the camp.**
* Completed Student Reference Form from a one of the following: principal, vice-principal, teacher, guidance counsellor, Student Support Worker, or Regional Educator.
  + For Grade 10 and 11 students’ proof of enrollment in science classes must also be included (i.e. transcript, letter from teacher, PowerSchool print out)

For further information, please feel free to contact me at 902 494-7700 or by email at [joe.maceachern@dal.ca](mailto:joe.maceachern@dal.ca).

Thanks

Joe MacEachern

**Indigenous Health Program Manager**

**Faculty of Medicine, Dalhousie University**

5849 University Avenue

Halifax NS B3J 1B6

Office : 902-494-7700

Cell : 902 717 0075

Email – [Joe.MacEachern@dal.ca](mailto:Joe.MacEachern@dal.ca)

Dalhousie University

**Junior University Health Science Summer Camp**

**APPLICATION FORM**

Please select one or all

❒ July 7-11, 2019 (Halifax, Dal) ❒ July 16-19, 2019 (Antigonish, STFX) ❒ July 22-25, 2019 (Sydney, CBU)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: Month \_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: S M L XL

Mailing Address: Street/PO Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been to a summer camp before? 🔿 No 🔿Yes. When and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade to be completed in June 2019:

🔿 Grade 8

🔿 Grade 9

🔿 Grade 10\* \*Must provide proof of enrollment in

🔿 Grade 11\* science classes.

**Student Reference Form**

To be sent directly to Dalhousie University (mail/email) by teacher/counselor or enclosed in a sealed envelope.

🔿 I have included my personal letter of interest.

**Student signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian name (Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Due 4:30pm, Monday, May 27th, 2019**

Send to: **Junior University Summer Camp**

Dalhousie University, Global Health Office

5849 University Avenue, C-241

PO Box 15000, Halifax, NS

B3H 4R2

OR Scan and send by email to: [joe.maceachern@dal.ca](mailto:joe.maceachern@dal.ca)

**STUDENT REFERENCE FORM**

To: Joe MacEachern, Program Manager

Email: [joe.maceachern@dal.ca](mailto:joe.maceachern@dal.ca) **Due 4:30pm May 27th, 2019**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying to participate in the 2019 Junior University Health Sciences Summer Camp at one of the 3 locations (Dalhousie University, Halifax; Cape Breton University, Sydney; or St. Francis Xavier University in Antigonish)

As a participant in this program, students will be exposed to a variety of health care professions and training programs through interactive, hands on programming.

**Dalhousie's Faculty of Medicine Indigenous Health Program** is organizing this camp and seeks your assistance in selecting students with the best fit for this program and appreciates your completion and return of this reference form.

**Please share your impression and knowledge of the student by using specific examples where possible.**

**1. How long and in what capacity have you known the applicant?**

**2. How would you describe the applicant’s interaction when working with other students?**

**3. Please circle (or highlight if completing electronically) how you would evaluate the applicant’s qualities/skills using this scale:**

**E = Excellent G = Good F = Fair P = Poor NK = Not Known**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interest in health/science | E | G | F | P | NK |
| Verbal Communication | E | G | F | P | NK |
| Respect for others | E | G | F | P | NK |
| Teamwork | E | G | F | P | NK |
| Willingness to learn | E | G | F | P | NK |
| Attendance | E | G | F | P | NK |
| Expression of ideas | E | G | F | P | NK |
| Motivation | E | G | F | P | NK |
| Attitude | E | G | F | P | NK |
| Enthusiasm | E | G | F | P | NK |
| Initiative | E | G | F | P | NK |
| Self-confidence | E | G | F | P | NK |

**4. What additional skills, abilities or attributes does that applicant have that would be helpful for us to know in making our selection?**

**5. Any additional comments you would like to share about the applicant?**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS REFERENCE FORM**

**– IT IS TRULY APPRECIATED!**

**Referee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referee’s email or phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**