

APPLICATION FOR

NP-AHEC Pre-Professional Retreat

<u>Program Dates</u>: 3:pm Friday, August 11 through 10:am Sunday, August 13, 2017 <u>Location</u>: Trails West YMCA Camp, Scottsbluff, NE

(All completed application packets must be postmarked at the latest by Tuesday, August 1, 2017) or emailed to darren.wells@np-ahec.org by the same date

RHOP and other pre-professional health students may apply

Directions: Please provide an answer for each question. Questions left blank will be considered incomplete. Please type or print legibly (use <u>black</u> ink only).

	Last		First	Middle
Mailing Address:				
City:			State:	Zip Code:
Home Phone #: ()		Cell Phone #: ()
E-Mail:			County:	
Date of Birth:		,	Sex:	☐ Female
Race (Please select all that African-Ameri American Indi Hispanic			Caucasian/White Asian (Chinese, Filipino, Japanese Other	e, Korean, Asian Indian or Thai)
Year in college: (2017-2018):	Freshman Sophomore Junior Senior			

I attest that all the info	rmation provided on this application is true to the best of our knowledge.
Student Signature Parent or Guardian Signature	rmation provided on this application is true to the best of our knowledge. Date Date
Student Signature Parent or Guardian Signature	Date
Student Signature Parent or Guardian Signature of student if under 18 All completed applicati	Date
Student Signature Parent or Guardian Signature of student if under 18 All completed applicati	Date Date Date Date On packets must be postmarked by Tuesday, August 1, 2017. Includes
Student Signature Parent or Guardian Signature of student if under 18 All completed applicati applicati T-shirt Size (Adult)	Date Date Date On packets must be postmarked by Tuesday, August 1, 2017. Includes tion, liability, camp rules, medical and media releases. Please submit to: Nebraska Panhandle Area Health Education Center Attn: Darren Wells
Parent or Guardian Signature of student if under 18 All completed application application T-shirt Size (Adult)	Date Date Date On packets must be postmarked by Tuesday, August I, 2017. Includes tion, liability, camp rules, medical and media releases. Please submit to: Nebraska Panhandle Area Health Education Center Attn: Darren Wells I 601 E 27th Street Scottsbluff, NE 69361
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