

# M\*A\*S\*H CAMP 2016

## Medical Avenues to Services in Health (M\*A\*S\*H)

These programs are designed to educate high school students (grades 9-12, must be 14 years of age) about the possibility of pursuing a career in the health service field after they complete their education. M\*A\*S\*H programs are highly interactive.

MASH camp is a 3 1/2 day program designed to educate high school students about health careers.

*Educational experiences may include:*

- Classroom experience at WTAMU
- Travel to local health service providers
- Nursing simulation scenarios
- CPR and First Aid Certification
- **Plus much more!**



June 13-16, 2016 Basic (Grades 9-12)

June 20-23, 2016 - Advanced (Juniors/Seniors only)

**Location:** West Texas A&M University Campus—Canyon, Texas

**Camp Fee: \$60.00**

Includes all meals, lodging, and camp attire

### Housing, Dining, and Activities

WTAMU dorms and cafeteria plus access to the Virgil Henson Activity Center

This camp is sponsored by the Panhandle Area Health Education Center (AHEC) and West Texas A&M University.

M\*A\*S\*H programs require a short application process that includes a teacher recommendation, essay section, and demographic information.

**Panhandle Area Health Education Center (AHEC)**

**West Texas A&M University**

**WTAMU Box 61003**

**Canyon, TX 79016-0001**

**Phone: 806-651-3483 Fax: 806-651-3489 Email: tsemon@wtamu.edu**

Panhandle Area Health Education Center (AHEC) is affiliated with West Texas A&M University College of Nursing and Health Sciences and the Texas Tech University Health Sciences Center F. Marie Hall Institute for Rural and Community Health.



# M\*A\*S\*H CAMP 2016

## (MEDICAL AVENUES TO SERVICES IN HEALTH)

### Student Application Form

To apply for the June 13-16 or June 20-23 camp please fill in all of the following information.  
 Partial or incomplete applications will not be considered.

**YOU MUST BE A JUNIOR OR SENIOR TO APPLY FOR THE ADVANCED CAMP ON  
 June 20-23, 2016**

THESE CAMPS ARE CO-ED

**M\*A\*S\*H CAMP Application Deadline will be June 3, 2016**

If you have any questions or need assistance with anything camp related, please call 806-651-3483

About the Applicant:                      Age \_\_\_\_\_                      Anticipated Graduation Year \_\_\_\_\_

June 13-16 \_\_\_\_\_                      June 20-23 (Adv) \_\_\_\_\_                      (Please place an X by the date you wish to attend)

Applicant's Name \_\_\_\_\_                      Birthday \_\_\_\_\_

Address \_\_\_\_\_                      City \_\_\_\_\_

State \_\_\_\_\_                      Zip Code \_\_\_\_\_                      Home Phone \_\_\_\_\_

Applicant's E-mail Address \_\_\_\_\_

Applicant's Gender (circle):    Male                       Female

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Phone Work \_\_\_\_\_

#### About School Life...

High School \_\_\_\_\_                      School's Phone \_\_\_\_\_

Grade level                      9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_ Just Graduated \_\_\_\_\_

Please name your favorite class \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any academic honors or activities (clubs, groups, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt and Size (circle)    Adult S                      Adult M                      Adult L                      Adult XL                      Adult XXL

Pant Size (circle)                      Adult S                      Adult M                      Adult L                      Adult XL                      Adult XXL

#### IN CASE OF EMERGENCY

Contact \_\_\_\_\_                      Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_                      Phone \_\_\_\_\_



### ***ESSAY***

Please write 2 paragraphs explaining what your interests are, what got you interested in the medical field and why you feel you should be selected to participate in MASH Camp. The Essay will be a major determining factor in your acceptance into the Camp.

### ***Camp Fee Instructions***

Students ***should not*** send the \$60.00 camp fee ***until*** a letter of acceptance is received. Once accepted into M\*A\*S\*H camp, a personal check or money order is due by June 3, 2016, payable to Panhandle AHEC, WTAMU Box 61003, Canyon, TX 79016-0001. **PLEASE DO NOT SEND CASH!** Anyone who does not show up for summer camp will NOT be refunded their money unless notification of cancellation is made by June 3, 2016.

### ***Parking Your Personal Vehicle***

***In general, we encourage campers to be dropped off by a parent or guardian.*** However, if the answer to the question below is “yes”, you will need a temporary parking permit provided by West Texas A&M and Panhandle AHEC. The permit will be given to you free of charge. You will be expected to park in the lot near the residence hall. (Visitor parking on the WTAMU campus is only limited to 30 minutes.) All vehicles parked on campus are subject to the parking rules of the university. For specific parking guidelines, please consult:

<http://www.wtamu.edu/administrative/vpf/upd/parking.htm>

***Will you be driving yourself to camp and parking your vehicle?*** YES NO

### ***Additional Information***

Participants in the program are ***expected to be present*** for its entire duration. Students are not allowed to leave the campus or the program area (by foot or personal vehicle) at any time. (See Code of Conduct Form for specifics).

In the ***residence hall (dorm)***, each student will be assigned a room and roommates of the same gender. Students cannot trade rooms or roommates during the camp. The purpose of being assigned roommates is to allow campers the opportunity to get to know other students from outside their school districts. ***Students with disabilities*** or needing special accommodations should inform Panhandle AHEC (806-651-3483) as soon as possible so that arrangements can be made on the student’s behalf

# Submitting Your Application Materials to M\*A\*S\*H CAMP at WTAMU

## MASH CAMP APPLICANTS

Your completed camp application for M\*A\*S\*H CAMP will consist of the following documents:

1. ESSAY
2. Student Camper Application
3. Code of Conduct
4. Behavior Contract
5. Video Consent Form
6. Confidentiality Form
7. Teacher Recommendation Form
8. Consent Form
9. Student Data Form
10. Copy of Insurance Card

## ADDITIONAL Information

- All of these documents must be submitted to the Panhandle Area Health Education Center (AHEC) by the application deadline. Partial/incomplete applications will not be considered.
- Panhandle AHEC and West Texas A&M University requires that all campers must be covered by medical insurance to participate in activities. Application packets that are missing the photocopy of the medical insurance card will be considered incomplete.

**Application Deadline: June 3, 2016**

**Submit ALL application materials to:**

Panhandle Area Health Education Center (AHEC)  
West Texas A&M University  
WTAMU Box 61003  
Canyon, TX 79016-0001

Phone: 806-651-3483 Fax: 806-651-3489 Email: [tsemon@wtamu.edu](mailto:tsemon@wtamu.edu)

# M\*A\*S\*H CAMP 2016

## (MEDICAL AVENUES TO SERVICES IN HEALTH)

### Code of Conduct

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#### Expected Behavior:

1. You are expected to attend *all* parts of the planned program, unless otherwise notified.  
Inform the camp leaders immediately if you are not feeling well.
2. At all times, be courteous, clean, and display good manners. Language must be appropriate and respectful of others. No offensive language.
3. Participants are not to leave the campus or program area (by foot or vehicle) at any time.  
If we cannot locate you, we will call your family *and* the university police department.
4. Visitors will not be allowed with the exception of parents or guardians.
5. Sleeping during lectures or during guest speaker demonstrations is not allowed.
6. Participants will not use tobacco, alcohol, drugs (except those prescribed by a doctor), fireworks, or firearms.
7. Shoplifting or theft of public or personal property will not be allowed.
8. Student campers are responsible for any damage or misconduct.

#### Violators May:

1. Have the opportunity to explain to the staff in charge as well as parents/guardians.
2. Be dismissed from the camp and the individual being sent home *AT PARENT'S EXPENSE*.  
Student campers who are sent home cannot apply to join our camp next year and camp fees will not be refunded

I, (print) \_\_\_\_\_, have read and understood the above rules and agree to abide by them. I understand that failure to abide by said rules may result in dismissal from the program.

\_\_\_\_\_  
Signature of Student Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# M\*A\*S\*H CAMP 2016

## (MEDICAL AVENUES TO SERVICES IN HEALTH)

### Behavior Contract

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**Note:** Student campers should initial each blank. Parents and campers must sign below.

- \_\_\_\_\_ I will follow all directions given by the camp staff and/or sponsors.
- \_\_\_\_\_ I realize there will be times to laugh and have fun, and times to be quiet and serious.
- \_\_\_\_\_ I will stay with the group at all times.
- \_\_\_\_\_ I will ask questions and learn new things.
- \_\_\_\_\_ I will be respectful of the volunteer speakers and leaders who come to talk to us.
- \_\_\_\_\_ I will not sleep or “doze off” during any of the presentations or activities.
- \_\_\_\_\_ I realize that my behavior may impact the activities of the next year’s camp.
- \_\_\_\_\_ I know I can choose to not participate in any camp activity that I am not comfortable with (by telling the staff).
- \_\_\_\_\_ I understand that I will behave in a mature way.
- \_\_\_\_\_ I understand that the rules and policies are in place for my safety and comfort.
- \_\_\_\_\_ I understand that mature subjects and medically related anatomy may be discussed.
- \_\_\_\_\_ I understand that I will dress appropriately. No halter tops, short shorts, or clothing with vulgar writing /themes.
- \_\_\_\_\_ No inappropriate interpersonal behavior or displays of affection. No dating during camp.
- \_\_\_\_\_ I know I will be sent home at my parent or guardians’ expense and asked not to return for violating *any* camp policy or rule.

I, (print) \_\_\_\_\_, have read and understood the above rules and agree to abide by them. I understand that failure to abide by said rules may result in dismissal from the program.

\_\_\_\_\_  
Signature of Student Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# M\*A\*S\*H CAMP 2016

## VIDEO CONSENT FORM

### (MEDICAL AVENUES TO SERVICES IN HEALTH)



I hereby give my consent to appear in a videotape and/or photographic sessions produced by representatives of the Panhandle Area Health Education Center (AHEC). I further allow the use of finished videotapes and/or still pictures for presentation purposes (including for use in flyers, handouts, brochures, and the Panhandle AHEC web site). I further understand that this tape and/or photographs may be reproduced and used for marketing purposes for Panhandle AHEC. I understand that I will not receive any monetary compensation.

I understand that my name could be used in the narration of the tape or with the photograph(s). I further understand that I will not have any editorial control over the final product. I relinquish all rights, title, and interest in the finished videotape/still pictures, negatives, prints, reproductions, and copies of the originals, negatives, recordings, duplicates, and prints.

I, (print **Name**) \_\_\_\_\_, have read and understood the above rules and agree to abide by them.

\_\_\_\_\_  
**Signature of Student Camper**

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

I, (print **Parent/Guardian's name**) \_\_\_\_\_, have read and understood the above rules and agree to abide by them.

\_\_\_\_\_  
**Signature of Parent/Guardian**

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



# **M\*A\*S\*H CAMP 2016**

## **(MEDICAL AVENUES TO SERVICES IN HEALTH)**

### **Confidentiality Statement**

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As a participant in M\*A\*S\*H CAMP, sponsored by the Panhandle Area Health Education Center (AHEC), you may be involved with confidential patient information. Please be aware that you have the responsibility to safeguard the privacy of all patients and people you come in contact with during the camp.

Patient information is strictly confidential by law in Texas. No information, record, or material concerning patients may be used, released, or discussed with anyone outside the medical facility or with other medical employees without proper authorization.

“I understand a patient’s right to privacy is protected by Texas law. Failure to respect the confidentiality of patient information can result in punitive action and will be considered cause for my immediate removal from M\*A\*S\*H Camp.”

I, (print) \_\_\_\_\_, have read and understood the above rules and agree to abide by them. I understand that failure to abide by said rules may result in dismissal from the program.

\_\_\_\_\_  
Signature of Student Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

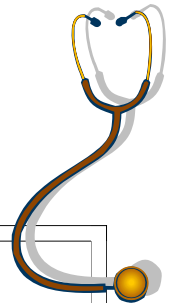


# M\*A\*S\*H CAMP 2016

## TEACHER/COUNSELOR RECOMMENDATION (MEDICAL AVENUES TO SERVICES IN HEALTH)

### Applicant:

Please fill out **all** the information on this page. Give both pages to the teacher or counselor you are requesting the recommendation from. **YOU** must provide a stamped envelope addressed to Panhandle AHEC at the address listed below for the teacher or counselor to return your recommendation to our office. **An evaluation returned to or mailed by the student will be considered invalid.** The teacher or counselor may also fax the forms directly to Panhandle AHEC. Camp application deadline is June 3, 2016.



Applicant's name (print) _____	
High School _____	
I will be entering	_____ 9th _____ 10th _____ 11th _____ 12th
	Graduating _____ 12th
"I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that its contents shall remain confidential."	
Applicant's signature _____	Date _____
Parent/Guardian _____	Date _____

### Teacher/Counselor:

The student whose name appears above is applying for admittance into one of the M\*A\*S\*H programs sponsored by WTAMU and Panhandle AHEC. The program is offered to students entering into/graduating from 12th grades who are interested in pursuing a career or higher education degree in the health service field. Your candid estimate of the student's academic performance, personal characteristics, and level of interest in health careers is essential. Because of federal legislation giving students the right to their educational records, we cannot guarantee the confidentiality of your statements unless the student and his/her parent or guardian has signed the waiver in the box above.

We appreciate your time and interest in assisting us to select the most qualified applicants. Please contact Panhandle AHEC with any questions.

### Panhandle Area Health Education Center (AHEC)

West Texas A&M University  
WTAMU Box 61003  
Canyon, TX 79016-0001

Phone: 806-651-3483 Fax: 806-651-3489

Email: tsemon@wtamu.edu

# M\*A\*S\*H CAMP 2016

## TEACHER/COUNSELOR RECOMMENDATION (MEDICAL AVENUES TO SERVICES IN HEALTH)

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Mailing Address of High School \_\_\_\_\_

Phone number \_\_\_\_\_

Academically, I consider this student to be (circle): "A" student, "B" student, "C" student

### Assessment of Applicant's Performance and Potential:

Please rate the applicant in comparison with other students you have known at about the same age group.

Please check <input checked="" type="checkbox"/>	Top 5%	Top 10%	Top 11-25%	Top 26-40%	Unobserved
Interested in a health career					
Potential in a health career					
Interested in science or math					
Displays appropriate behavior in class					
Ability to work in groups					
Ability to work independently					
Oral expression					
Written expression					
Maturity					

**WEST TEXAS A&M UNIVERSITY**  
**Youth Group Agreement**

**WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT  
AUTHORIZATION FORM**

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of \_\_\_\_\_ (“activity”), which is sponsored by West Texas A&M University (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct. Please be advised that WTAMU is a research university that provides unfiltered internet access to university students. WTAMU is not responsible for internet content accessed by those using the campus network.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to weather, conditions of temperature or environment, activity hazards and allergens from environment and foods and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency

situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.  
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_  
(If Participant is under 18 years old)

**Parent or Legal Guardian Printed Name:** \_\_\_\_\_  
(If Participant is under 18 years old)

**With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.**

Name of Insurance

Company: \_\_\_\_\_

Group #: \_\_\_\_\_

ID or Policy #: \_\_\_\_\_

**Please attach or send a copy of your insurance card prior to the beginning of the camp.**

Does the student have an allergy to any medications? \_\_\_\_\_

Is the student on any current medication? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name(s) and telephone numbers for emergency  
contact: \_\_\_\_\_

\_\_\_\_\_

**Revised 11/15**



## Participant Worksheet - High School Student

Health Careers Promotion and Preparation

Today's Date:	Registered Center/Dept.: Panhandle AHEC	Program Coordinator: Tammy Stamps																																													
Students are to complete the following information:																																															
Last Name:		First Name:																																													
		MI:																																													
Address:		City :	State:																																												
		Zip code (9 digit if possible):																																													
County:		Primary Phone No:	Cell Phone No:																																												
Email:		Facebook:	Twitter:																																												
May we contact you on one or all of these accounts? Facebook - <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail - <input type="checkbox"/> Yes <input type="checkbox"/> No Twitter - <input type="checkbox"/> Yes <input type="checkbox"/> No																																															
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:																																													
Anticipated Date of Graduation (mm/yyyy):		School Name :	Counselor's Name:																																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/> American Indian or Alaska Native</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Asian – Vietnam</td> <td style="width: 25%; border: none;"><input type="checkbox"/> American Indian or Alaska Native</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Asian – Vietnam</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Cambodia</td> <td style="border: none;"><input type="checkbox"/> Black or African American</td> <td style="border: none;"><input type="checkbox"/> Asian – Cambodia</td> <td style="border: none;"><input type="checkbox"/> Black or African American</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – China</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino – Central American</td> <td style="border: none;"><input type="checkbox"/> Asian – China</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino - Central American</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – India</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino – Cuban</td> <td style="border: none;"><input type="checkbox"/> Asian – India</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino – Cuban</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Japan</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino – Mexican</td> <td style="border: none;"><input type="checkbox"/> Asian – Japan</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino – Mexican</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Korea</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino – Other</td> <td style="border: none;"><input type="checkbox"/> Asian – Korea</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino – Other</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Malaysian</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino - Puerto Rican</td> <td style="border: none;"><input type="checkbox"/> Asian – Malaysian</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino - Puerto Rican</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Other</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino - South American</td> <td style="border: none;"><input type="checkbox"/> Asian – Other</td> <td style="border: none;"><input type="checkbox"/> Hispanic or Latino - South American</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Pakistan</td> <td style="border: none;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td style="border: none;"><input type="checkbox"/> Asian – Pakistan</td> <td style="border: none;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Philippines</td> <td style="border: none;"><input type="checkbox"/> White Disadvantaged</td> <td style="border: none;"><input type="checkbox"/> Asian – Philippines</td> <td style="border: none;"><input type="checkbox"/> White Disadvantaged</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian – Thailand</td> <td style="border: none;"><input type="checkbox"/> White Non-Disadvantaged</td> <td style="border: none;"><input type="checkbox"/> Asian – Thailand</td> <td style="border: none;"><input type="checkbox"/> White Non-Disadvantaged</td> </tr> </table>				<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian – Vietnam	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian – Vietnam	<input type="checkbox"/> Asian – Cambodia	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian – Cambodia	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian – China	<input type="checkbox"/> Hispanic or Latino – Central American	<input type="checkbox"/> Asian – China	<input type="checkbox"/> Hispanic or Latino - Central American	<input type="checkbox"/> Asian – India	<input type="checkbox"/> Hispanic or Latino – Cuban	<input type="checkbox"/> Asian – India	<input type="checkbox"/> Hispanic or Latino – Cuban	<input type="checkbox"/> Asian – Japan	<input type="checkbox"/> Hispanic or Latino – Mexican	<input type="checkbox"/> Asian – Japan	<input type="checkbox"/> Hispanic or Latino – Mexican	<input type="checkbox"/> Asian – Korea	<input type="checkbox"/> Hispanic or Latino – Other	<input type="checkbox"/> Asian – Korea	<input type="checkbox"/> Hispanic or Latino – Other	<input type="checkbox"/> Asian – Malaysian	<input type="checkbox"/> Hispanic or Latino - Puerto Rican	<input type="checkbox"/> Asian – Malaysian	<input type="checkbox"/> Hispanic or Latino - Puerto Rican	<input type="checkbox"/> Asian – Other	<input type="checkbox"/> Hispanic or Latino - South American	<input type="checkbox"/> Asian – Other	<input type="checkbox"/> Hispanic or Latino - South American	<input type="checkbox"/> Asian – Pakistan	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian – Pakistan	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian – Philippines	<input type="checkbox"/> White Disadvantaged	<input type="checkbox"/> Asian – Philippines	<input type="checkbox"/> White Disadvantaged	<input type="checkbox"/> Asian – Thailand	<input type="checkbox"/> White Non-Disadvantaged	<input type="checkbox"/> Asian – Thailand	<input type="checkbox"/> White Non-Disadvantaged
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian – Vietnam	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian – Vietnam																																												
<input type="checkbox"/> Asian – Cambodia	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian – Cambodia	<input type="checkbox"/> Black or African American																																												
<input type="checkbox"/> Asian – China	<input type="checkbox"/> Hispanic or Latino – Central American	<input type="checkbox"/> Asian – China	<input type="checkbox"/> Hispanic or Latino - Central American																																												
<input type="checkbox"/> Asian – India	<input type="checkbox"/> Hispanic or Latino – Cuban	<input type="checkbox"/> Asian – India	<input type="checkbox"/> Hispanic or Latino – Cuban																																												
<input type="checkbox"/> Asian – Japan	<input type="checkbox"/> Hispanic or Latino – Mexican	<input type="checkbox"/> Asian – Japan	<input type="checkbox"/> Hispanic or Latino – Mexican																																												
<input type="checkbox"/> Asian – Korea	<input type="checkbox"/> Hispanic or Latino – Other	<input type="checkbox"/> Asian – Korea	<input type="checkbox"/> Hispanic or Latino – Other																																												
<input type="checkbox"/> Asian – Malaysian	<input type="checkbox"/> Hispanic or Latino - Puerto Rican	<input type="checkbox"/> Asian – Malaysian	<input type="checkbox"/> Hispanic or Latino - Puerto Rican																																												
<input type="checkbox"/> Asian – Other	<input type="checkbox"/> Hispanic or Latino - South American	<input type="checkbox"/> Asian – Other	<input type="checkbox"/> Hispanic or Latino - South American																																												
<input type="checkbox"/> Asian – Pakistan	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian – Pakistan	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander																																												
<input type="checkbox"/> Asian – Philippines	<input type="checkbox"/> White Disadvantaged	<input type="checkbox"/> Asian – Philippines	<input type="checkbox"/> White Disadvantaged																																												
<input type="checkbox"/> Asian – Thailand	<input type="checkbox"/> White Non-Disadvantaged	<input type="checkbox"/> Asian – Thailand	<input type="checkbox"/> White Non-Disadvantaged																																												
Description (Tell us a few words about yourself):																																															

Parent/Guardian-Name:		Address	
City	State:	Zip code (9 digit if possible)	Phone Number:
Relationship to Participant: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/> Step Parent			