

University of Arkansas for Medical Sciences

College of Pharmacy

2009 Pharmacy Summer Camp (June 7-12, 2009) - Application Form

Applications must be post-marked no later than March 19, 2009

Please type or print legibly

Name: _____ Name preferred on camp nametag: _____

Date of Birth: _____ Sex: Male Female Home Phone No.: (____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____ email address: _____

Name of High School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

What grade will you be in next year (2009-2010)? 11th grade 12th grade

- Enclose a brief written essay, not more than one page in length, which provides a self-introduction and conveys why you want to be a participant in the Pharmacy Summer Camp program.
- Enclose two sealed letters of recommendation. One from a teacher or advisor/counselor from your high school and the second may be from any, non-relative, individual of your choice.
- Enclose a copy of your most recent high school transcript / academic record.
- The 2009 Pharmacy Summer Camp fee for a Resident Camper is \$400.00 (The participation fee includes, tuition, housing accommodations, meals and all camp program materials and services). Enclose a \$100.00 deposit with your application. Payment of the balance is due by May 8, 2009. Please indicate the method of payment enclosed. Do not send cash.

Money Order (payable to: University of Arkansas of Medical Sciences)

Personal Check (payable to: University of Arkansas of Medical Sciences)

Mastercard # _____

VISA # _____

Name on Card: _____ Exp. Date: _____

Card Holder Authorization Signature: _____

Financial need, please describe: _____

_____ (attach an additional page if necessary).

Successful applicants will be notified by April 3, 2009 of their acceptance. The application deposit in full will be returned to unsuccessful applicants not later than May 1, 2009. Successful applicants who choose not to accept admission to the summer camp must notify the UAMS College of Pharmacy, Pharmacy Summer Camp (Dr. Dunn) in writing by April 17, 2009. There will be no provision of refunds to successful applicants for cancellation requests received after April 17, 2009. The UAMS College of Pharmacy reserves the right to cancel the pharmacy camp and return all fees in the event of insufficient participant registration or for other compelling and unforeseen circumstances of good cause.

Please continue completion of this application on the reverse side.

**UAMS College of Pharmacy
2009 Pharmacy Summer Camp**

All camp participants will receive with their letter of admission the following: 1) complete camp agenda; 2) camp rules and regulations; 3) housing information and rules (includes check-in & check-out information); 4) participant agreement form; 5) release form. The Participant and Release forms must be signed by the camp participant and their parents/guardians and returned to the UAMS College of Pharmacy no later than Friday, May 8, 2009. **All participants must have health insurance coverage and proof of such insurance must be provided to the UAMS College of Pharmacy prior to arrival at camp.** We discourage personal cars being driven to camp. However, if this is necessary the student will be required to turn in their keys to the camp coordinator and they will not be permitted access to their car until camp adjournment on Friday. Parking on campus is very limited and it is likely that the student's car will have to be parked a significant distance from the dormitory. Student attendance is mandatory at all classes and activities of the Pharmacy Summer Camp. Any deviation from this requirement must be requested and approved in writing prior to the start of the camp program.

Please describe fully any special dietary requirements, current medical conditions being treated, prescription and over-the-counter medications currently being taken, physical limitations and/or any other information that should be known in an emergency and/or that may require advance planning by the UAMS College of Pharmacy camp program staff to accommodate your participation in the pharmacy summer camp program.

_____ (attach an additional page if necessary).

Parent(s) or Guardian(s) Information

Mother: _____ Daytime Phone: _____ Evening Phone: _____

Address: _____ City: _____ State: _____

Father: _____ Daytime Phone: _____ Evening Phone: _____

Address: _____ City: _____ State: _____

Who should we contact in case of an emergency?

Mother Father Mother and/or Father

Other: Name: _____

Address: _____ City: _____ State: _____

Daytime Phone: _____ Evening Phone: _____

Applicant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Send your completed application form, essay, letters of recommendation, transcript/academic record, and deposit payment post-marked no later than March 19, 2009 to: UAMS College of Pharmacy, Pharmacy Summer Camp, 4301 West Markham Street #522, Little Rock, AR 72205. If you have questions regarding the application form or Pharmacy Summer Camp please contact Dr. Eddie Dunn, Associate Professor and Pharmacy Summer Camp Director at (501) 686-8929 or by email at ebdunn@uams.edu.

Applications post-marked after March 19, 2009 will not be considered