

**University of Arkansas for Medical Sciences**  
**College of Pharmacy**  
**2011 Pharmacy Summer Camp (June 5-10, 2011) - Application Form**

*Applications must be post-marked no later than March 11, 2011*  
*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 (August 2011-May 2012)?**  11<sup>th</sup> grade  12<sup>th</sup> grade  
**Students who graduate from high school in 2011 are not eligible for the Camp.**

- 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 2011 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 6, 2011. 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 15, 2011 of their acceptance. The application deposit in full will be returned to unsuccessful applicants not later than April 30, 2011. 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 30, 2011. There will be no provision of refunds to successful applicants for cancellation requests received after April 30, 2011. 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  
2011 Pharmacy Summer Camp

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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 6, 2011. **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 strongly discourage bringing personal cars to the 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.

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\_\_\_\_\_ (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: \_\_\_\_\_

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Applicant Signature

Date

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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 11, 2011 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 by email at [dunneddieb@uams.edu](mailto:dunneddieb@uams.edu).

*Applications post-marked after March 11, 2011 will not be considered.*