



**Nursing Career Summer Camp
For College Freshman and Sophomores
A Five Week Summer Enrichment Program
May 16 – June 29, 2009**

Information and Instructions for Applicants (Please Read Carefully)

We are pleased that you plan to apply for admission to the Nursing Career Summer Camp (NCSC) at the Medical College of Georgia. It is very important that all persons wishing to submit an application do so immediately. Final decisions on an application cannot be made until procedures 1 through 7 (below) are completed and the Selection Committee reviews the applicant's folder. **Completed applications must be postmarked by January 30, 2009. A completed application consists of: 1) Application Form, 2) Personal Statement, 3) Official Transcript(s), 4) Two Recommendation Forms, 5) SAT/ACT score verification, and 6) Income Verification.**

Application Instructions:

1. Complete application form on-line. Print completed application, sign and forward to the Office of Diversity Research Initiatives.
2. Only Georgia Residents, U.S. Citizens, and applicants with Permanent Residents status will be considered. Permanent Residents must provide a copy of their permanent resident card.
3. Have up-to-date official transcript(s) forwarded directly to the Registrar of the institution attending. **All transcripts must be official. Those forwarded by students are not valid.**
4. Enter standardized test scores at appropriate place on application. **You may check with the Registrars office at your school to see if these scores are on your transcript. If they are not, submit a request for an official copy of scores from the Educational Testing Services (ETS), Rosedale Road, Princeton, NJ 08541; telephone (609) 921-5410.**
5. Have recommendation forms completed by two persons familiar with your academic ability (preferably completed by science and mathematic teachers).
6. Verification of family income information must be provided for application to be considered. You must submit a copy of your family's most recent federal income tax return.
7. Application may be completed on-line at <http://www.mcg.edu/son/initiatives/diversity.htm>. The completed application should be printed and mailed to the address given on the last page of the application.
8. The application deadline is April 9, 2008. It is your responsibility to make certain your completed application and materials are received in our office or post marked by the **January 30, 2009** deadline. All applications or materials postmarked after **January 30, 2009**, will not be processed.
9. If you desire additional information, please contact the Office of Diversity Research Initiatives at (706) 721-1179; fax (706) 721-0655; or e-mail at NurseEdOpps@mail.mcg.edu.

II. Educational Background:

Name of High School: _____ **City & State** _____ **Graduation Date (Mo./Yr)** _____

Current College attending: _____ **City & State** _____ **From** _____ **To** _____ **Degree/Diploma** _____

College previously attended: _____

Projected graduation date: _____

List science and mathematics courses currently taking and those you have completed.

Course	Grade	Course	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Standardized test(s) you have taken or plan to take:

	Test Scores					
	Date Taken	Date Plan to Take	Reading/Verbal	Math	Writing	Total
SAT	_____	_____	_____	_____	_____	_____
Regent's Exam	_____	_____	_____	_____	_____	_____

Official test scores must be submitted.

List Honors and Awards received:

List extracurricular and community service activities:

III. Family and Financial Information:

Father's Name:

First Name M.I. Last Name

Father's Address: _____
Street/Number City & State Zip Code

Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Occupation: _____ E-mail Address: _____

Mother's Name:

First Name M.I. Last Name

Mother's Address: _____
Street/Number City & State Zip Code

Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Occupation: _____ E-mail Address: _____

Number of immediate family members residing in household: _____

Do you reside in a single family head of household (only one parent)? Yes No

Income Information (must be provided for application to be considered)

Personal annual income (if dependent of parents): _____

Parent (s) annual income (if dependent): _____

Family annual income (if married): _____

A copy of family's most recent Federal Income Tax Return must be provided (Application cannot be processed without verification of income).

Education Level (Family members)

Please specify the highest education level for immediate family members

Father: _____

Mother: _____

Sister(s): _____

Brother(s): _____

Do you consider yourself to be disadvantaged: Yes No If yes, by what criteria? _____

False financial and/or other information provided constitutes fraud and subjects applicant to disqualification.

IV. Recommendations:

Please list names of two persons who have consented to complete recommendation forms for you. It is your responsibility to see that a form is sent from each of the persons named below. We prefer recommendations by persons familiar with your academic background.

Name: _____ Position: _____

School Address: _____ Phone: _____
Area Code Phone Number

Name: _____ Position: _____

School Address: _____ Phone: _____
Area Code Phone Number

V. Other Information

Have you participated in a Summer Enrichment Program at another Institution? Yes No

If yes, name of program and institution: _____ Dates: _____

Are you interested in pursuing a nursing degree at MCG? _____

How did you learn about this program?

- School Advisor
- MCG Recruiter
- MCG Website
- MCG Brochure
- College Newspaper
- Other, please specify _____

VI. Disciplinary Actions/Violations

Have you ever been convicted of a crime, other than minor traffic violations? For the purposes of this application, criminal convictions include any adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but it does include "no contest" pleas, first offender treatment, convictions which are under appeal and convictions which have since been pardoned. Minor traffic offenses are those, which do not involve driving while under the influence of alcohol or other drugs, which did not result in imprisonment and for which a fine of less than \$250 was imposed.

Yes No

If "yes", attach a complete explanation on a separate sheet. An answer of "yes" to the above question may result in a request from the Selection Committee for additional information and documentation.

Have you ever been subjected to any disciplinary action by any of the educational institutions you have attended?

Yes No

If "yes" attach a complete explanation on a separate sheet. An answer of "yes" to the above question may result in a request from the Selection Committee for additional information and documentation.

In signing this application, I hereby certify that all statements herein are true, correct and complete, and that I have not omitted any information.

Signature

Date

All forms should be returned to:

**Medical College of Georgia, School of Nursing
Diversity Research Initiatives
Nursing Career Summer Camp
987 St. Sebastian Way
Health Sciences Building, Suite 4341
Augusta, GA 30912**

VII. Personal Statement

Please write a concise personal statement of approximately 200 words explaining your background, health career, goals, your preparation plan for attaining health career goals, and your interest for participation in NCSC. Please type essay and attach to this application.