

SFA/JAMP Camp 2019 - Application

July 7-14, 2019

PLEASE PRINT OR TYPE

Name _____ Age _____ SS# _____

Address _____
Street City State Zip

Home phone _____ Cell/Mobile phone _____

High school _____ High School Phone _____

Male _____ Female _____ E-mail address _____

Parents/guardians _____ Phone _____

Emergency contact _____ Phone _____

**High School GPA on a 4.0 scale _____ High School Grade Completed in May 2019 _____

List all math and science classes you have taken in high school and the letter grade you earned in each.

Class name	Letter Grade	Class name	Letter Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Counselor's name(s) _____ Phone _____

College Admissions Exam Scores (if taken):

SAT Math _____ SAT Verbal _____ SAT Writing _____

ACT Math _____ ACT English _____ ACT Reading _____ ACT Science _____ ACT Composite _____

College courses : College GPA _____

College Class name	Grade	College Class name	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List and explain any relevant activities or awards such as volunteer work, paid work or science fair awards.

I am certified in: First Aid _____ CPR _____ Neither _____

My college plans are _____

Did your parents attend college? _____ If so, where? _____

Father's occupation _____ Mother's occupation _____

JAMP (Joint Admission Medical Program) is designed to help economically disadvantaged students realize their dream of becoming a physician in the State of Texas. While economic status is not a consideration for admissions into our summer camp, preference will be given to those with an existing economic need.

Size of household (Number of people living in household including all adults) _____

Were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money) while attending elementary and/or high school? ____ Yes ____ No

Estimated household income _____

Estimated value of the house in which you live (owned or rented)? _____

Did you or a member of your immediate family ever live in subsidized housing? ____ Yes ____ No

Did you have responsibilities in raising other children in your household while attending elementary and/or high school? ____ Yes ____ No

Did you or a member of your family ever receive benefits from the Federal Free and Reduced Meal program? ____ Yes ____ No

How did you hear about this camp? Teacher/counselor _____ Friend _____ Advertising _____
Hospital _____ Other _____

Parent/Guardian gives permission for the student to apply for the SFA/JAMP Summer Camp from July 7-14, 2019 at SFA. I certify that the information on this application is true and correct, and I agree to abide by the camp rules and policies provided upon acceptance.

Parent/Guardian Signature

Date

Student Signature

Date

Send completed application to:

J. Kevin Langford, Ph.D.
Pre-Health Professions Programs
Box 13061, SFA Station
Nacogdoches, TX 75962

A complete application will include all of the following:

- **a letter of recommendation from a teacher or counselor**
- **a 500 word essay about your motivation for a career in medicine**
- **a completed application form (this form).**

**Application deadline:
April 1, 2019 or until all slots filled**

