**Camp CHLA 2020 Application Form**

The purpose of this form is to assist you in preparing your application for Camp CHLA 2020.

It represents what you will see when the application portal opens **December 6, 2019, 5:00 pm**

\*Anything below is subject to change. If you have any questions, feel free to email us at [CampCHLA@chla.usc.edu](mailto:CampCHLA@chla.usc.edu)

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| **Application Form** | |
| Please fill out all the required information and make sure that the information is accurate and complete. | |
| **First Name:** |  |
| **Last Name:** |  |
| **Age:** |  |
| **Date of Birth: (mm/dd/yyyy)** |  |
| **Gender:** | ☐Male ☐Female ☐Prefer to Self-Determine |
| **Home Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
| **Home Phone:** |  |
| **Your Cell Phone:** |  |
| **Your Email:** |  |
| **Parent/Guardian Cell Phone:** |  |
| **Parent/Guardian Work Phone:** |  |
| **Parent/Guardian Email:** |  |
| The following questions will only be used for data purposes, your responses will **NOT** determine acceptance into the program. | |
| **Estimated Number of Family in Household:** |  |
| **Estimated family income:** |  |

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| **Camp Session Dates** | |
| The Camp CHLA dates are July 13-17, 2020 and July 27–31, 2020. You will only be able to attend one camp session. Please provide your first and second choice for dates. If you do not have a preference in which camp you are selected to attend, please choose the option “No Preference.” If you are unavailable for one of the camp dates, please choose the option “Not Available” as your second choice in camp session. Due to the number of campers, we cannot guarantee that you will be selected for your first choice of camp session. We appreciate your flexibility | |
| **Please choose your 1st choice of camp session:** | Option 1: July 13-17, 2020  Option 2: July 27-31, 2020  Option 3: No Preference |
| **Please choose your 2nd choice of camp session:** | Option1: July 13-17, 2020  Option 2: July 27-31, 2020  Option 3: No Preference  Option 4: Not Available |

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| **School Information** | |
| **Name of School:** |  |
| **Expected Year of Graduation:** |  |

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| **CHLA Relation (If Applicable)** | |
| If you are related to a CHLA employee, be sure to include their information as designated in the CHLA Outlook system for their employment to be verified. If the relative is affiliated with CHLA but does not have a CHLA email, please input their associated work email. | |
| If your **parent/guardian** is employed at Children’s Hospital Los Angeles (CHLA), please indicate: | |
| **Parent/Guardian Name:** |  |
| **Relationship:** |  |
| **Department at CHLA:** |  |
| **CHLA Email:** |  |
| If a **family member** is employed at Children’s Hospital Los Angeles (CHLA), please indicate: | |
| **Family Member Name:** |  |
| **Relationship:** |  |
| **Department at CHLA:** |  |
| **CHLA Email:** |  |

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| **Other Information** | |
| **Are you currently a CHLA Junior Ambassador?** | ☐ No ☐ Yes |
| **Have you previously applied to Camp CHLA?** | ☐ No ☐ Yes |
| **If yes, how many times have you previously applied?** |  |
| **Have you previously attended a health care careers program before?** | ☐ No ☐ Yes |
| **If yes, which one(s)?** |  |

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| **Selection Process** |
| Each application will be reviewed by a committee and selection will be based on the completed application form, essay questions, and online recommendation form. Only complete application packets will be reviewed. |
| Please answer all three of the following essay questions. Feel free to use creativity in your responses. It is advised to draft your answers on your computer and then paste them into the spaces below. |

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| **1. Describe how you would benefit from Camp CHLA and why you should be selected to attend. (200-250 words).** |
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| **2. What would you consider to be your most important achievement and why? (max. 200 words)** |
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| **While CHLA is a pediatric hospital, our goal is to provide an opportunity to explore all health care careers. Please describe your career interests. (Note: your answer does not have to specifically address an interest in pediatrics.) (max. 100 words)** |
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| **Recommendation Form (One)** |
| After inputting the email address of the teacher/counselor, you have completed this component of your application.  Note: They do **NOT** have to complete the form before 400 applications have been received  Upon submitting a complete application, your teacher/counselor will be emailed a recommendation form that they have until **January 17th, 2020** to complete.  *We highly suggest that you reach out to your teacher/counselor to ensure that they have received the recommendation form via email. If they did not, email* [*CampCHLA@chla.usc.edu*](mailto:CampCHLA@chla.usc.edu) *for assistance.* |