HCAMPS (Health Care Academy for Middle School Pupils’ Success) is a weeklong program for students entering eighth grade in the fall of 2014.

**Students will experience:**
- The variety of careers possible in the health care industry
- Personal interaction with health care providers in various fields
- Educational requirements for a career in health care

**Highlights**
Some of the highlights of the program include:
- Treating patients in a Simulation lab
- Hands-on experience in the Emergency Department, Newborn Nursery, and Trauma Services
- Touring health Science facilities at Ivy Tech, USI, and UE

**Agenda**
Students will meet for five days from 8:30 am to 4 pm. Students meet at St. Mary’s Medical Center and depart to the day’s activities.

**Selection Criteria**
- Students must be a current 7th grader and will be entering the 8th grade in August 2014 in Indiana counties of Gibson, Posey, Vanderburgh or Warrick.
- Student must be a high-achieving student and have a teacher’s online evaluation (to be sent directly to the teacher). Submit teacher’s name and email address
- Student must have a minimum 3.3 grade point on a 4.0 scale or equivalent.
- Student must submit a 150 hundred word essay.
- Recent school picture

**Registration**
Completed application forms/documentation must be sent in by Thursday, January 23, 2014 by 4 pm – any applications submitted after this date/time will not be considered for the program.

Cost for the program is $75.00. Financial Aid is available.

If you have questions, please contact: Margaret L. Moutseous, Project Director HCAMPS, 812.485.4221 or mlmoutseous@stmarys.org
The information below must be completed fully and submitted by 4 p.m. Thursday, January 23, 2014.

Please send completed packets to:
St. Mary’s
ATTN: Margaret L. Moutseous,
Library Manager and HCAMPS Project Director
3700 Washington Ave
Evansville, IN 47750

Registration Form (Please print clearly)
Name__________________________________________________Nickname _____________________________________
Address _______________________________________________________________________________________
City________________________________________________________State_______Zip ___________________________
E-mail_____________________________________________________Home Phone _____________________________
School______________________________________________School/Office Phone __________________________

Teacher will be sent a student evaluation survey:
Teacher _______________________________________________________________________________________
Teacher’s email ________________________________________________________________________________
Current cumulative GPA: _________________________________________________________________________
Counselor’s Signature/phone ____________________________________________________________________

❑ I have enclosed my 150 word essay
❑ I have affixed a recent picture to this form
❑ I have submitted my recommending teacher’s name and email to this form
❑ I would like to apply for financial aid for this program
❑ I would like to apply for help with transportation

T-shirt size (adult) XS____ S____ M____ L____ XL____

I agree to comply with all policies, rules and regulations of St. Mary’s, Catholic Diocese, and EVSC.

Student signature___________________________________________________________Date____________________
Parent/Guardian Signature_____________________________________________________Date ______________
Parent/Guardian email/phone _____________________________________________________________