



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
EL PASO

Paul L. Foster School of Medicine

Office of Admissions

Summer Camp Application 2016

Application Deadline May 20

Name: \_\_\_\_\_ Gender: Male or Female  
First Middle Last Please Circle

Phone #: \_\_\_\_\_ email address: \_\_\_\_\_  
Necessary to inform you if accepted

School attending: \_\_\_\_\_

Grade level: \_\_\_\_\_ GPA (overall) \_\_\_\_\_ Science GPA \_\_\_\_\_

Have you taken the PSAT? \_\_\_\_\_ SAT? \_\_\_\_\_

Honors and Awards: (List any distinctions or honors you have received)

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Use additional paper if necessary

Extracurricular work or Activities: (List any community service or work and any other leadership activities)

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Use additional paper if necessary

Have you participated in other programs such as “Adventure for Your Future”, “D.R.E.A.M.S”, Summer Medical Camp, or other types of camps? If so, please list.

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**ESSAY:**

On a separate word document, with a minimum of 200 words, Please tell us why you are interested in the medical field and why Summer Camp would be beneficial to you.

**LETTER OF RECOMMENDATION:**

Please ask your school counselor or science teacher to submit a letter of recommendation.

The following are the 2016 Texas Tech University Health Sciences Center, Paul L. Foster School of Medicine Summer Camps dates:

June 27<sup>th</sup> – July 8<sup>th</sup>      July 11<sup>th</sup> – 22<sup>nd</sup>      July 25<sup>th</sup> -August 5<sup>th</sup>

Please indicate your preferences in order:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

If selected, we will make every attempt to situate you on your first choice, but understand that this may not be possible.

Submit application and all required documentation no later than May 20<sup>th</sup>.

You may email applications to [outreach-el Paso@ttuhsc.edu](mailto:outreach-el Paso@ttuhsc.edu), fax to 783-1265 or mail to:

Office of Admissions  
c/o René André  
5001 El Paso Drive  
El Paso, Texas 79905

I hereby affirm that, to the best of my knowledge, all information furnished as part of my application is complete and accurate. If it becomes necessary for me to withdraw my application, I agree to notify the Admissions office so that I will not deprive another student the opportunity to participate. I understand that if accepted in the Summer Camp program, that photographs will be taken for possible use on the website or for other promotional material. I give permission for the Office of Admissions to use these photographs for this and for promotion of its mission.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my child \_\_\_\_\_ permission to attend any and all field trips deemed necessary by the Admissions office to promote educational understanding of its mission and the medical field. If my child is accepted in the Office of Admissions Summer Camp program, I understand that photographs may be taken for use on its website or other promotional material and give the Office of Admissions permission to use them for this and for promotion of its mission.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_