

Pre-entry & Retention Opportunities for Undergraduate Diversity

Nurse Camp Application

Applications due in office: May 1, 2015

(Please use ink and print neatly.)

This summer camp is funded by a grant from the U.S. Department of Health and Human Services D19HP24036 to provide nursing education opportunities for individuals who are from educationally or economically disadvantaged backgrounds. Attendance preference will, therefore, be given to students who meet the definitions of "educationally or economically disadvantaged" provided by the HHS (found in Appendix A). Questions: Call 309.438.1820 or email PROUD@ilstu.edu. Students entering Sophomore, Junior or Senior year of high school may apply.

STUDENTS WHO DO NOT PROVIDE SUFFICIENT DOCUMENTATION TO ESTABLISH ADMISSION CRITERIA MAY BE DENIED ADMISSIBILITY TO NURSE CAMP.

First Name:	MI:	Last Name:
Are you an "individual from a disadvantaged background" as defined in Appendix A. Yes _____ No _____ If yes, how do you meet the definition: _____		
Street Address:		
City:	State:	Zip:
Cell/Home Phone:		
Email address:		
Parent/Guardian's Name(s):		
Parent/Guardian Phone number where they can be reached:		
Name of Emergency Contact (other than guardian):		
Relationship:		
Phone number where they can be reached:		
T-Shirt Size: S M L XL XXL		If other, please specify
If you have special dietary needs, please contact Linda Rash at 309.438.1820.		
Any allergies or other medical issues you would like to share that could impact your attendance at the camp:		

Name of School:	Grade Entering:
School Address:	
School Phone:	School Fax:
GPA:	
Do you attend Bloomington Area Career Center? <i>Yes</i> _____ <i>No</i> _____	
Guidance Counselor Name:	

How did you hear about the Nurse Camp? (Check all that apply and please specify)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Website |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Career Fair |
| <input type="checkbox"/> If other, please specify: | |

If you will need a special accommodation to fully participate in this program, please contact Linda Rash at 309.438.1820. Please allow sufficient time to arrange the accommodation.

APPENDIX A
ELIGIBLE PROJECT PARTICIPANTS

Project participants must be U.S. Citizens, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States. **Individuals on temporary or student visas are not eligible participants and may not receive NWD grant support.**

“Individual from a Disadvantaged Background” refers to an individual who:

- 1) Comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a school of nursing (**Educationally Disadvantaged**). The following are provided as examples of “Educationally Disadvantaged” for guidance only and are not intended to be all-inclusive.

Examples:

1. Person from high school with low average SAT/ACT scores or below the average State test results.
2. Person from a school district where 50 percent or less of graduates go to college.
3. Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
4. Person for who English is not their primary language and for whom language is still a barrier to their academic performance.
5. Person who is first generation to attend college.
6. Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.

Or

- 2) Comes from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (**Economically Disadvantaged**).

The Secretary defines a “low income family” for programs included in Titles III, VII and VIII of the PHS Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives.

(continued on next page)

2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (To access information for Hawaii or Alaska:

<http://aspe.hhs.gov/poverty/15poverty.cfm#thresholds>

Size of parents' family *

Income level **

For families with more than 8 persons, add \$5,200 for each additional person.

1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890

* Includes only dependents listed on Federal **income** tax forms.

** Adjusted gross **income** for calendar year 2014.

Parent/Guardian Application Certification

Applicant's and Parents'/Guardians' Affirmation

We affirm that all information provided on the application forms is true and accurate to the best of our knowledge. We understand that any misrepresentation or omission of material facts may result in the applicant being disqualified from the selection process or dismissed from Nurse Camp. If selected, the applicant agrees to participate fully in all appropriate Nurse Camp activities and to follow all rules and regulations. We have reviewed the application and the information provided on the forms and give our consent for our minor child/guard to complete the application process.

We have read and understand the above and agree to all the provisions:

Applicant's full name (please print): _____

Applicant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

ILLINOIS STATE UNIVERSITY

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the Summer Nurse Camp, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Summer Nurse Camp on June 15-17, 2015.

Signature of Participant	Date	Signature of Parent of Minor	Date
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Assumption of Risks: Participation in the Summer Nurse Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as bruises, sprains, floor burns, and soreness to 2) major injuries such as pulled muscles, broken bones, and fractures to 3) risks associated with travel.

I hereby give my permission for emergency medical treatment, as recommended by a nurse or physician to be provided to my minor child(ren)/ward(s), and that any expenses associated with such treatment will be my financial responsibility.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Summer Nurse Camp. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless the Board of Trustees of Illinois State University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in the Summer Nurse Camp.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant	Date	Signature of Parent of Minor	Date
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ILLINOIS STATE UNIVERSITY

PHOTO, VIDEO AND/OR SOUND RECORDING RELEASE AND CONSENT FORM

By signing this Photo, Video and Sound Recording Release and Consent Form, you are irrevocably giving permission to the Board of Trustees of Illinois State University, Mennonite College of Nursing and the University's officers, agents, employees, successors, licensees, and assigns to take and use photographs, video or sound recordings of your child during the Pre-entry & Retention Opportunities for Undergraduate Diversity Nurse Camp. This is completely voluntary and up to you.

Your consent to the use of the photographs, video and sound recordings and your child's image, likeness, appearance, and voice is for forever. You will not receive compensation for the use of your child's image, likeness, appearance, and voice now or in the future. The University may use the photographs, video and sound recordings containing your child's image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video and sound recordings may be used in whole or in part, alone or with other recordings. The photographs, video and sound recordings may be used for any educational, institutional, scientific or informational purposes whatsoever, but not for any commercial uses. The University has the right and may allow others outside the University to copy, edit, alter, retouch, revise and otherwise change the photographs, video and sound recordings at the University's discretion. All right, title, and interest in the photographs, video and sound recordings belong solely to the Board of Trustees of Illinois State University

I understand and agree to the conditions outlined in this photograph, video and sound recording release and consent form. As the parent or legal guardian of the participant named below and on behalf of my child, I irrevocably give consent to the Board of Trustees of Illinois State University and the University's officers, agents, employees, successors, licensees, and assigns forever to make use of my child's image, likeness, appearance, and voice in photographs, video and sound recordings as described above. I acknowledge that I am fully aware of the contents of this release and am under no disability, duress, or undue influence at the time of my signing of this instrument.

Printed Name of Participant

Printed Name of Parent/Guardian

Signature of Participant or Parent/Guardian(s)

Date

ESSAY QUESTION

Please answer the question listed below to provide us with a better understanding of why you are interested in nursing and how the Mennonite College of Nursing/ISU Nurse Camp summer program hosted by Pre-entry and Retention Opportunities for Undergraduate Diversity can be of benefit to you. Attach your *typed* answer on a separate sheet of paper. Check grammar and spelling prior to submitting your finalized essay.

Why are you interested in nursing? What about your life experiences, your talents, your personality – the things that make you uniquely you – make nursing a good career choice? (150-250 words)