

SIUE School of Pharmacy Diversity Summer Camp Application

June 5-June 8, 2011

Recognizing the value of increasing the diversity in our student body, and considering the low number of minority students who apply to the Southern Illinois University Edwardsville School of Pharmacy Doctor of Pharmacy (PharmD) program, we have developed a three day summer camp for high school seniors with an interest in pursuing a pharmacy degree. The aim of the summer camp is to expose students to careers in pharmacy and work with students to prepare them for pharmacy school.

Description:

Students selected will spend 3 days at the SIUE School of Pharmacy and within local pharmacy practice sites, learning about the profession of pharmacy and developing skills that will be useful to them in becoming a successful college student. The program is open to seniors in a Madison or St. Clair County high school. Participants will spend 3 evenings in SIUE Student Housing, interacting with other participants, pharmacy students and pharmacy faculty members. ***The program is free of charge to participants.***

How to Apply:

Step 1: The student should ask their guidance counselor to complete Section I.

Step 2: The student should complete Section II.

Step 3: The student's legal guardian should sign Section II.

Step 4: **Return completed application by May 2, 2011.**

Step 5: Mail application to the attention of Dr. Chris Lynch, SIUE School of Pharmacy, Campus Box 2000, Edwardsville, IL, 62026-2000.

Section I - To be completed by High School Guidance Counselor

I certify that this student meets the following **minimum** requisites for application (please mark all that apply):

Name of High School: _____

Years of high school chemistry (min 1): ____ Years of high school biology (min 1): ____

Years of high school math (min 3): ____ Expected H.S. Graduation in 2012 (yes): ____

Current cumulative high school GPA (minimum of 2.5 of 4): _____

Counselor's Signature: _____ Date: _____

Print Name: _____ Contact Telephone Number: _____

Section II - To be completed by applicant

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Ethnicity: Hispanic____. African-American____. Asian____. Pacific Islander____. Native American____.

Caucasian:____. Other:____.

Please use the space below to describe why you are interested in participating in the SIUe School of Pharmacy Diversity Summer Camp Program:

Applicant's Signature: _____

Date: _____

Name of Legal Guardian: _____

Contact #: _____

Legal Guardian's Signature: _____

Date: _____

I understand that if selected, my child will spend 3 days & nights on the campus of SIUe. There is no charge to participate in the program. If my child is selected, I understand that I will be required to sign a SIUe "hold harmless" agreement.