

# HEALTH CAREERS BOOT CAMP

*Spend five days exploring the many careers at a hospital!*

## JUNE 3–7, 2019

APPLICATION DEADLINE: May 6, 2019



**HARRISON COUNTY COMMUNITY HOSPITAL**

2600 Miller Street • Bethany, MO 64424 • (660) 425-0292 • [www.hcchospital.org](http://www.hcchospital.org)

Sponsored by the Howard & Leah Trullinger Scholarship Fund, administered by the Harrison County Community Hospital Foundation



# HEALTH CAREERS BOOT CAMP PROGRAM DESCRIPTION

## **WHO MAY APPLY**

High school students entering their junior or senior year in Fall 2019  
Students from schools in Harrison County, Mo., will receive priority  
Students from schools outside Harrison County will be considered as space permits

## **WHEN IS THE BOOT CAMP**

June 3–7, 2019 (8:00 am to 4:30 pm daily)

## **WHERE IS THE BOOT CAMP**

Harrison County Community Hospital in Bethany

## **PARTICIPANT RESPONSIBILITIES**

Commitment to attend all five days and actively participate in each program experience  
Business casual attire (no jeans, shorts, sneakers, or flip-flops)  
Professional demeanor and commitment to patient privacy  
Completion of daily journaling activities to reflect on the day's activities  
Submission of a short reflection paper or project at the conclusion of the program

## **BENEFITS FOR PARTICIPANTS**

Job shadowing in Laboratory, Nursing, Physical/Occupational/Speech Therapies, Radiology, and Respiratory Therapy)  
Introduction to other departments (including Finance and Billing, Information Technology, Pharmacy, and Social Work)  
Experience in a professional setting  
Valuable addition for a resume or college/scholarship application  
Complimentary breakfast and lunch each day  
Boot Camp t-shirt  
Possible additional enrichment activities (subject to availability)  
Stipend (\$100) upon successful completion of all program requirements

## **APPLICATION DEADLINE**

Monday, May 6, 2019 at 5:00 pm

The Health Careers Boot Camp is sponsored by the Howard & Leah Trullinger Scholarship Fund,  
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HEALTH CAREERS BOOT CAMP • JUNE 3-7, 2019

# Student Application

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ High school: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Grade in Fall 2019:  Junior  Senior Name of parent(s) or guardian(s): \_\_\_\_\_

Job shadow or work experience (if applicable): \_\_\_\_\_

**Use the space below to describe involvement in school and community activities.** Attach an additional page if necessary.

| School Activities, Clubs, or Student Government | Year(s) involved | Role (member, officer, etc.) |
|---|------------------|------------------------------|
|   |                  |                              |
|   |                  |                              |
|   |                  |                              |
|   |                  |                              |
|   |                  |                              |
|   |                  |                              |

| Community Involvement, Volunteer Activities | Year(s) involved | Description |
|---|------------------|-------------|
|   |                  |             |
|   |                  |             |
|   |                  |             |
|   |                  |             |
|   |                  |             |

| School or Community Honors and Awards |
|---------------------------------------|
|                                       |

**Student Essay:** Write an essay describing what you would like to gain from participating in the Health Careers Boot Camp at Harrison County Community Hospital.

A teacher or guidance counselor must submit the Educator Recommendation Form and a letter of recommendation.

I certify that the information presented above is complete and accurate and the attached essay is my own work.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

Send applications to Harrison County Community Hospital, ATTN: Tim Hill, 2600 Miller Street, Bethany, MO 64424

**Application materials must be received by May 6, 2019.**



HEALTH CAREERS BOOT CAMP • JUNE 3-7, 2019  
**Educator Recommendation Form**

TO BE COMPLETED BY A TEACHER OR GUIDANCE COUNSELOR.

Student's name: \_\_\_\_\_ How long have you known the student? \_\_\_\_\_

Educator name: \_\_\_\_\_  Teacher  Counselor  Other \_\_\_\_\_

Educator email: \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Student's cumulative high school GPA: \_\_\_\_\_

In addition to clinical knowledge and skills, a variety of personal attributes can contribute to success in a health care career. Please evaluate the student in the characteristics listed below. "Among the best" means the student is among the strongest you have encountered in your career.

| Characteristic | Poor                     | Average                  | Good                     | Excellent                | Among the best           |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Compassion     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positivity     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teamwork       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work ethic     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Letter of recommendation:** The application requires a letter of recommendation. Please comment on any of these topics: the applicant's opportunity for growth as a result of participating in the Health Careers Boot Camp, scholastic record, school or community involvement, leadership skills, and any personal attributes that would help the selection committee evaluate the application. Cite specific examples as appropriate.

Send the letter of recommendation and this form directly to the committee at the address below.

\_\_\_\_\_  
 Educator Signature

\_\_\_\_\_  
 Date

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