Wake Forest – ASU

Summer 2016 Team-based Patient Care Course Application

Priority Deadline for Application: Friday, March 04, 2016

First Name:       MI:       Last Name:

Email address:       Phone Number:       Date of Birth:

Non-ASU Email address:

Banner ID:       GPA:

[ ]  Undergraduate Major:       Concentration:

[ ]  Grad Student Program:

Anticipated Grad Month/Year:

Are you planning to participate in a patient care experience (internship, practicum, paid job) this summer (2016)? [ ] No [ ] If Yes - please tell us about the experience:

Will you require assistance in finding a patient care experience? [ ]  No [ ]  Yes
Estimate your current number of hours you have in patient care.

Tell us why you are interested in taking this course.

Were you born in, or have you spent a significant amount of your childhood in North Carolina, if not then in what city and state?
[ ]  Yes       County [ ] No       City, State

In order to satisfy grant reporting requirements we ask that students complete the following documents and send to hpa@appstate.edu.

[ ]  Course Application

[ ]  Student Diversity Survey

A limited number of stipends will be available. Preference for selection will be given to undergraduate students 1) from environmentally or economically disadvantaged backgrounds, 2) from rural Appalachian counties, or 3) from underrepresented minoritygroups.