

CDC JUNIOR DISEASE DETECTIVE CAMP

SUMMER 2013 APPLICATION

CHECK-LIST

- ☐ PARENT/GUARDIAN: Complete Student Information and Parent/Guardian Information pages
- ☐ PARENT/GUARDIAN & STUDENT: Complete CDC Junior Disease Detective Camp Conditions page
- ☐ STUDENT: Complete the About Me page and attached Application Essay Questions
- ☐ TEACHER: Complete Teacher Recommendation form and **mail form directly to address below (do not include in student application package student mails in)**
- ☐ STUDENT: Mail completed application (including this cover sheet but without teacher recommendation form) by **April 5, 2013**.

Camp Session Applying for:

Session 1: June 10 – 12 _____

Session 2: July 15 – 17 _____

Note: Students applying to both sessions will not be able to indicate a preference for either session.

MAIL COMPLETED APPLICATION TO:

Lynda Flage
David J. Sencer CDC Museum
Centers for Disease Control and Prevention
1600 Clifton Road, NE MS A-14
Atlanta, GA 30333

APPLICATION MUST BE POSTMARKED BY APRIL 5, 2013

Student Information

Student's Name:

Student's Date of Birth:

School Attending:

Current grade: (circle one)

6th Grade

7th Grade

Gender (circle):

Male

Female

Home Mailing Address

Street

City, State

Zip Code

Parent/Guardian Information

Daytime Phone Number

Parent's/Guardian's Name

Parent's/Guardian's Cell Phone

Parent's/Guardian's Email

Note: Print clearly. A notification email will be sent to this email address.

Emergency Contact Information

Name

Daytime Phone

Relationship

Allergies, Medical Conditions or Medical Needs

CDC Junior Disease Detective Camp Conditions

Students and parents/guardians: Please initial indicating that you have read and agree to each statement.

_____ The CDC Junior Disease Detective Camp is a voluntary attendance camp; campers should arrive **eager to participate** in the scheduled activities.

_____ Campers are expected to **arrive in a timely manner**.

_____ Campers are expected **to work well with other campers** on projects and be willing to make **oral presentations** with their teams of other campers.

_____ Any camper who repeatedly presents **disciplinary problems will be removed** from the group until a parent can come pick him/her up.

_____ I have read the Frequently Asked Questions at <http://www.cdc.gov/museum/camp/jr-faq-13.pdf> and have discussed the content with my child.

Waiver and Release – Initial indicating that you have read and agree to each statement.

_____ I grant permission for CDC staff to take pictures or video of my child to be used for marketing purposes without compensation or time limitations.

_____ I understand there is no tuition cost associated with the CDC Junior Disease Detective Camp, but campers are responsible for bringing or buying their lunch each day.

_____ I will ensure my child will have transportation to and from the CDC Roybal Campus at 1600 Clifton Road in Atlanta, GA each day. Lodging and transportation will not be provided by CDC.

_____ I understand that I must adhere to the camp pick up and drop off procedures (to be shared before start date). This is for the safety of each camper.

_____ I understand that the camp runs for 3 days Monday to Wednesday and that my child must be able to attend all 3 days.

Student Signature

Date

Parent or Guardian's Name (PRINTED)

Date

Parent or Guardian's Signature

Date

About Me

What is your name? _____

What do you prefer to be called? _____

How old are you? _____

What grade are you in right now? _____

Tell us your school's name _____

List any hobbies or interests you have

Application Essay Questions

Answer the following questions on a separate sheet of lined, loose-leaf paper. You may use pen or pencil. Please print neatly. Your questions should be a paragraph of at least 7 sentences. Remember – the answers you write in response to these questions will be used to evaluate your application. Put thought into each answer, and be sure to proofread!

1. Why would you like to come to this camp?
2. What is your favorite subject in school? Be sure to tell us why.
3. What job or career do you think you want to pursue when you finish school?

**CDC Junior Disease Detective Camp
Teacher Recommendation Form**

Camp Applicant: A teacher must complete this recommendation form. **The completed form must be mailed in by teacher to museum camp office separately from student application. Mail to:**

Lynda Flage

David J. Sencer CDC Museum

Centers for Disease Control and Prevention

1600 Clifton Road, NE MS A-14

Atlanta, GA 30333

Submissions of recommendation forms must be postmarked by April 5, 2013.

Camp Applicant: _____

To be completed by Recommender:

Name & Position: _____

1. How long have you know this student and in what context?

2. How would you rate this student on the following characteristics?

	Below Average	Average	Above Average	Excellent	No Basis for an Opinion
Academic achievement					
Maturity					
Motivation					
Ability to work in teams					
Intellectual curiosity					
Ability to adapt to new situations					

3. The CDC Junior Disease Detective Camp is a highly competitive program. Please help us understand how this student differs from other students in your class. (Use back of sheet, if needed)

Signature: _____ Date: _____