

CDC'S DISEASE DETECTIVE CAMPS



SUMMER 2016 APPLICATION CHECK-LIST

- Complete Applicant Information page
- Parent/Guardian: Complete Parent/Guardian Information page
- Attach completed *Recommendation Form* (*sealed envelope is acceptable*)
- Complete and attach *Application Essay Questions*
- Include proof of birth date. (copy of birth certificate, passport, driver's license, or learner's permit)
- Place pages in order listed above.

CAMP SESSION APPLYING FOR:

- Session 1: June 13 - 17
- Session 2: July 18 - 22

Note: Students applying to both sessions will not be able to indicate a preference for either session.
Applicants must be 16 years old by the first day of camp.

MAIL COMPLETED APPLICATION TO:

Trudi Ellerman
David J. Sencer CDC Museum
Centers for Disease Control and Prevention
1600 Clifton Road, NE MS A-14
Atlanta, GA 30329-4027

APPLICATION MUST BE POSTMARKED BY APRIL 1, 2016



CDC DISEASE DETECTIVE CAMP CONDITIONS

Applicants, please initial indicating that you have read and agree to each statement.

_____ The CDC 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.

_____ I have read the Frequently Asked Questions at <http://www.cdc.gov/museum/camp/ddc-faq-13.pdf>

_____ Campers must show picture ID each day of the camp and are required to wear a CDC-issued ID badge. This is for the safety of each camper.

_____ Campers must be 16 years of age by the first day of the camp. Camper must provide proof of birth date with the application. Acceptable forms of birth date confirmation are **copies** of a birth certificate, passport, learner's permit or driver's license. Do not send original documents.

Student Signature

Date

WAIVER AND RELEASE – PARENT/GUARDIAN:

Please 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 Disease Detective Camp, but campers are responsible for bringing or buying their lunch each day.

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

_____ I understand that the campers must be 16 years of age by the first day of the camp. Camper must provide proof of birth date with the application. Acceptable forms of birth date confirmation are copies of a birth certificate, passport, learner's permit or driver's license. **I will not send an original document.**

Parent or Guardian's Name (PRINTED)

Parent or Guardian's Signature

Date

APPLICATION ESSAY QUESTIONS:

Submit typed responses to the three questions listed below. Remember – the answers you write to these questions will be used to evaluate your application. Put thought into each answer, and be sure to proofread! And most of all—be yourself.

1. The *CDC Disease Detective Camp* teaches attendees about the scientific field of public health. Tell us what you know about public health and why this camp is appealing to you. Use your own words. If you do not know much about public health yet—that's OK! Use a reputable source to find a definition, but do cite your source. (250 words or less)
2. Tell us something interesting about yourself that you think we should know. (250 words or less)
3. What has been your favorite learning experience? This does not have to be limited to a school experience. (250 words or less)

Your application will be rated based on your ability to follow all the directions indicated in the application, completing the entire application, the quality of each essay question, the teacher recommendation, and submitting before the April 1st deadline.

CDC DISEASE DETECTIVE CAMP RECOMMENDATION FORM

Camp Applicant: A teacher or guidance counselor must complete this recommendation form. **The completed form must be submitted with your application** – do not mail teacher recommendations separately. **Applications must be postmarked by April 1, 2016.**

Camp Applicant: _____

To be completed by Recommender:

Name & Position: _____

Please include answers to the following two questions in your typed letter of recommendation.

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

2. The CDC Disease Detective Camp is a highly competitive program. **Please help us understand how this student differs from other students in your class.**

3. 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					

Signature: _____ Date: _____