
Last Name, First Initial

Camp Preference - check all you could attend

____ June 17 - 21 ____ July 8 - 12 ____ July 22 - 26

Which Applies to You?

- ____ U.S. citizen
____ Non-U.S. citizen living in the U.S. (Green Card, visa)
____ Non-U.S. citizen not living in the U.S.



2019 Application Checklist

Student completes

- ____ This cover sheet
____ Applicant information page
____ Application essay questions

Parent/Guardian completes

- ____ Parent/guardian information page

Teacher completes

- ____ Recommendation form

Student obtains

- ____ Proof of birth date
*Applicant **must** be 16 by first day of camp. For example: **Copy** of birth certificate, passport, driver's license, or learner's permit*

Student

- ____ Places pages in order
____ Does not fold or staple pages
____ Places in a 9 x 12 (or similar size) envelope
____ Mails by March 25, 2019 to
Trudi Ellerman
1600 Clifton Road NE, MS A-14
Atlanta, GA 30329

For CDC use only

Reviewer 1

Reviewer 2

Reviewer 3

Total

General Info

Name

Last	First	Middle
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Date of birth

Day, Month, Year

T-shirt size (circle)

Adult Small	Adult Medium	Adult Large	Adult X-Large
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Current grade (circle)

10 th grade	11 th grade
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Gender

YOUR email

Do not list parent/guardian email. Camp staff will notify applicants using the email listed here.

Home address

Street	City, State	Zip
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YOUR phone number

Current school

School town & state

Security Info

The CDC Museum, where camp is held, is located on CDC’s main campus. Since CDC is a U.S. federal government agency, it is subject to federal security rules. Applicants who do not provide the information below cannot be considered for camp. Complete the **one row below that applies to you.**

1. Born U.S. citizen _____ State of birth _____ State of residence

2. Naturalized U.S. citizen _____ Date of naturalization _____ Country of birth

3. Non-U.S. citizen living in U.S with Green Card visa _____ Country of citizenship _____ Country of birth
_____ Green Card expiration

4. Non-U.S. citizen living in U.S with visa _____ Country of citizenship _____ Country of birth
_____ Visa type _____ Visa expiration

5. Non-U.S. citizen living abroad _____ Country of citizenship _____ Country of residence

CDC MUSEUM DISEASE DETECTIVE CAMP CONDITIONS

Place a checkmark next to each statement to indicate that you read the statement and are aware of camp expectations.

- _____ The CDC Museum Disease Detective Camp is a voluntary attendance camp; campers should arrive on time and eager to participate in scheduled activities.
- _____ I have read the Frequently Asked Questions on the camp application page.
- _____ 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.
- _____ Camp is a welcoming environment where all students can openly embrace learning. No bullying or negative behaviors will be tolerated.
- _____ Campers who are not able to adhere to camp's rules will be asked to leave camp.

SHORT ANSWER + APPLICATION ESSAY QUESTIONS

Submit a separate page with typed responses to the five questions listed below. Remember – these answers will be used to evaluate your application. Put thought into each answer, and be sure to **proofread**.

1. List three words describing your strengths.
2. List three words describing things about yourself you want to improve.
3. The *CDC Museum 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, and be sure to cite your source. (250 words or less)
4. Tell us ONE unique thing we should know about you. This can be funny, serious – anything! (250 words or less)
5. CDC works to keep people safe and happy by analyzing data to determine what public health problems need to be addressed. What problems would you like to solve in your life and career? Why this problem, and what skills do you feel you will need to be successful? (250 words or less)

Parent/Guardian Info

Name of parent/guardian _____

Phone number _____

Relationship to applicant _____

Parent/guardian E-mail _____

Does the applicant have a medical concern you wish to share with us? _____

In case of an emergency, camp staff will call the parent or guardian listed above first. Please provide a second contact below for emergency purposes.

Name _____

Phone number _____

Relationship to applicant _____

Information

Please check next to each statement 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 Museum Disease Detective Camp, but campers are responsible for bringing or buying their lunches each day.

_____ I will ensure that my camper 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.

_____ I understand that all campers are expected to fully participate and adhere to camp rules. I understand that campers who repeatedly break camp rules will be removed from camp.

CDC DISEASE DETECTIVE CAMP TEACHER RECOMMENDATION FORM 2019

INSTRUCTIONS: Teacher/Guidance Counselor, please complete the form below and return to applicant in a sealed envelope.

Name of Applicant _____

Teacher/Guidance Counselor Name _____

Email Address: _____ Daytime Phone _____

The CDC Museum Disease Detective Camp is a weeklong program that teaches attendees about the field of public health. The best attendees are students who are able to adapt to new situations, are motivated and work well with others.

Please answer the following questions to help the selection committee evaluate the applicant. Note that the program is highly competitive, with only 96 slots and an average of 500 applicants per year.

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

2. Describe the student’s demeanor in class.

3. How is this student different from others?

4. Describe the student in three words.

5. 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					