

**CHAMPS Student Application 2017**  
**Community Health Action in Medical Public Service**  
**Camp Dates May 23-25 OR May 31 – Jun 2 Both are three day Camps**  
**Time: - 9:00 a.m. – 1:00 p.m.**  
**Grade requirement – 2.75 GPA**  
**Students must have completed 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> grades**  
**Cost \$20.00 – includes T-Shirt and Snack**  
**\*\*Deadline for applications is April 28th both camps. Space is limited!\*\***

Please print clearly:

Name: \_\_\_\_\_

Date requesting to attend: May 23-25 \_\_\_\_\_ May 31 – Jun 2 \_\_\_\_\_

**T shirt size:**

Please mark the correct size. Adult Small \_\_\_\_\_ Adult Med \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_

**PLEASE SEND CHECK PAYABLE TO UAMS East OR PAY CASH. ENCLOSE YOUR APPLICATION, PHOTO RELEASE AND THIS SHEET, ALONG WITH YOUR MONEY IN AN ENVELOPE AND DROP BY OUR OFFICE OR MAIL TO ME AT:**

Janet Ligon  
P.O. Box 729  
1393 Hwy 242 South  
Helena, AR 72342

\*\*\*\*Any questions - please call me at 870-572-2727 Ext. 120 or email me at jbligon@uams.edu

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**Acceptance Statement**

You must agree to attend the full length of the program (3 days). Please note that this is a day program and that transportation to and from each daily session is your responsibility.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*Student Signature*

**Permission Statement**

I hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievements and grades. I understand that if my son/daughter is accepted, we will be responsible for his/her daily transportation of the three day program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*\* Parent/Guardian Signature*

**CHAMPS School Recommendation Form**  
**Academic Endorsement**

I have checked of this student's grades and agree that he/she is genuinely qualified and interested in participating in the CHAMPs program.

\*Counselor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*These signatures are required in order for the student to be accepted.**