

Allen College 2026 Summer Health Careers Camp Application

First _____	Middle _____	Last Name _____
Address _____		Date of Birth _____
City _____	State _____	Zip _____ Cell Phone # _____
Social Security Number _____ (necessary to receive incentive)		
Email Address _____		
Parent/Guardian Name _____		Cell Phone # _____

Where will you attend high school? _____

City _____ State _____ Zip _____

Expected Date of Graduation from high school _____ Entering grade fall 2026 _____

Current Age _____ T-shirt Size (adult): ☐ Small ☐ Medium ☐ Large ☐ XL ☐ Other _____

What gender do you identify as? ☐ Male ☐ Female ☐ Other _____

Ethnicity (be specific): ☐ Hispanic or Latino ☐ White, Non-Hispanic or Latino

☐ American Indian/Alaskan Native ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander

☐ Two or more (Please specify) _____ ☐ Asian (Country of origin) _____

Is English your *second* language? ☐ Yes ☐ No Other languages spoken _____

List any medical conditions _____

Allergies: _____

Dietary restrictions: _____

Tell us what you know about health care professions: _____

If I am selected to participate in the one-week summer camp, I understand that I must attend and complete all required activities, have no unexcused absences, follow the student dress code, demonstrate respect for all college policies, procedures and personnel and that failure to do so is grounds for immediate termination from the program.

Student Signature

Date

Parent/Guardian Signature

Date

All above information must be completed to be eligible for program selection, thank you!

Mail or email completed application **by May 31, 2026:**

Mail to:

Allen College
Attn: School of Nursing
Summer Health Careers Camp
1825 Logan Avenue
Waterloo, IA 50703

Email to:

Anna.WeblingWeepie@allencollege.edu

Questions: Call Dr. Anna K. Wehling Weepie at (319) 226-2037