

# 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.WehlingWeepie@allencollege.edu

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