

**SciPharm  
Summer Day Camp Application**

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ sex \_\_\_\_\_

School you go to now: \_\_\_\_\_ grade \_\_\_\_\_

Parent/Guardian name and address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Please attach an essay at least one page long about yourself and why you like to study science and want to spend a week at SciPharm. Please include information about what you would like to do when you get older. This may be science related and also include other aspirations. Remember you must be in the 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade this year to apply.

Please give a teacher reference form to your science teacher. The teacher will send the reference forms to EMILY BLOOM. Please do not ask the teacher to give you back the reference form. It will not be accepted from students. You will be notified of your acceptance as soon as possible after your application is reviewed.

Return this form along with the essay to

EMILY BLOOM  
Associate Director  
Science Education Outreach  
Campbell University College of Pharmacy and Health Sciences  
PO BOX 1090  
Buies Creek, NC 27506-1090  
Phone 910-893-1842  
1-800-760-9697 x1842  
Fax 910-893-1697

Campbell University College of Pharmacy and Health Sciences

SciPharm Summer Day Camp

Teacher Reference Form

The student listed is applying to SciPharm, the Campbell University College of Pharmacy and Health Sciences Science Education Outreach Program's Summer Day Camp. Please complete and return this form as soon as possible so that the student can be considered for admission. Each student is required to obtain a teacher reference form from his/her science teacher. The student listed will be expected to attend SciPharm for five days from 9:00-3:00 with a one hour break for lunch.

Please place a check or mark along the continuum at the point where it best describes the student. If you feel that you do not know this student well, please feel free to say so: such frankness will not prejudice the student's chance of admission.

Please fax or mail all four pages of this completed form to EMILY BLOOM at the following:

Campbell University College of Pharmacy and Health Sciences  
PO BOX 1090  
Buies Creek, NC 27506-1090  
Fax 910-893-1697

*If you have any questions please call EMILY BLOOM at 910-893-1842*

Student's Name \_\_\_\_\_

School attending now \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's name \_\_\_\_\_

Please contact me most easily by phone, fax, e-mail etc. listed below

\_\_\_\_\_

Subjects taught to student you are recommending \_\_\_\_\_

*Campbell University's Science Education Outreach Program does not discriminate in the selection of students based on race, color, age, gender, national origin or physical handicap. In completing this form, information relating to these areas should not be included in any way.*

Student's Name \_\_\_\_\_

<b>Willingness to work, work habits, zeal, perseverance, energetic attention</b>	Lazy, little or no effort	Seldom completes work	Ordinarily completes work	Occasionally does extra work	Does work gladly
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<b>Accuracy Carefulness Exactness</b>	Careless work always incomplete	Expresses ideas carelessly	Work usually completed and reasonably accurate	Careful work Accurate	Very careful and thorough
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<b>Intellectual curiosity, originality, willingness to attempt new ideas</b>	Never tries anything new	Seldom originates any work, a follower	Sometimes attempts new ideas	Often initiates undertakings	Marked ability to think for him/herself
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<b>Dependability, good judgment, honesty, ability to get along without supervision</b>	Dishonest Neglects obligations	Often needs supervision	Must be prompted Sometimes reliable	Usually assumes obligations	Thoroughly reliable
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Student's Name \_\_\_\_\_

<b>Ability to get along with others, adaptable, tactful, agreeable, cheerful</b>	Disagreeable Antagonistic	Slow to respond Not willing to help	Tends to be agreeable and willing to help	Does well in team work Agreeable	Always willing to help others out
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<b>Emotional control poise, moodiness, overly emotional, temperamental</b>	Poor control of emotions	Occasionally loses self control	Fairly well balanced Good control	Well balanced poised	Unusually poised
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<b>Intellectual capability Intelligence, natural ability to succeed in academic effort not grades</b>	Slow to learn	Needs to make extra effort to keep up	Average intelligence	Above average intelligence	Highest level of intelligence
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<b>English usage written and oral</b>	Will not communicate difficult to understand	Communicates poorly, expression not clear	Understandable can follow expressions	Accurate, easy to follow	Clear, can communicate at all levels
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Student's Name \_\_\_\_\_

<b>Family interactions you've had in dealing with student concerns</b>	Family members do not respond	Family members seldom respond	Family members respond but do not initiate contact	Family members always respond and sometimes initiate contact	Family members initiate contact and respond quickly
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<b>Recommend</b>	Do not recommend	Recommend with reservation	Recommend	Recommend with confidence	Highly recommend
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Thank you for helping complete this student's application to SciPharm. You may be contacted if there are any concerns about this student's application.