



Main Office:
333 Glen Street, Suite 200A
Glens Falls, NY 12801
518.480.2432

Albany Office:
175 Central Avenue, 5th Floor
Albany, NY 12206
518.478.2059

www.hmahec.org

2019

MASH Camp

Medical Academy of Science & Health

INFORMATION SHEET

WHAT IS MASH CAMP 2019?

MASH Camp 2019 is a three-day program that is taking place at the West Glens Falls Volunteer Fire Co. Station 1, which provides students with the opportunity to explore a variety of careers in healthcare. Through interactive presentations, students strengthen their understanding of the healthcare industry and how they can enter it.

WHO SHOULD APPLY?

High school students who:

- Will be entering 9th through 12th grade for the 2019-2020 school year
- Are considering a career in healthcare
- Want to explore healthcare careers
- Want to learn more about what it takes to pursue a Healthcare education

MASH Camp 2019 DATE/LOCATION

Tuesday, July 15th – 17th, 8:30am – 4:00pm

West Glens Falls Volunteer Fire Co. Station 1
33 Luzerne Rd.
Queensbury, NY 12804

No Cost

This three-day camp includes all activities and lunch. Students attending MASH Camp are responsible for their transportation to and from the Camp each day.

APPLICATION PROCESS

Applications are due no later than June 1st, 2019. Applications (***including one completed letter of reference, one signed Student Consent form, and one signed Parental Consent form***) must be completed in their entirety to be considered. All of the above forms can be found on the Hudson Mohawk AHEC website at www.hmahec.org.

Please note- this is a competitive process - late applications will not be accepted.

MASH Camp has limited space. Applications and references will be used to determine entry into the program. Once the screening process has been completed students will be notified via e-mail advising them if they were accepted into the program.

Our mission is to develop and strengthen the healthcare workforce in underserved communities.



Main Office:
333 Glen Street, Suite 200A
Glens Falls, NY 12801
518.480.2432

Albany Office:
175 Central Avenue, 5th Floor
Albany, NY 12206
518.478.2059

www.hmahec.org

MASH CAMP APPLICATION

Must be printed legibly in ink or typed

Contact Information (all information is required)

Name: _____
Last Name First Name Middle Initial

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Primary e-mail address: _____
(please print)

Birth date: ____/____/____ Age: _____ Gender: Female ____ Male ____

Name of High School: _____

Grade for upcoming school year (2019-2020):

9 th	10 th	11 th	12 th
-----------------	------------------	------------------	------------------

(please circle one)

If you pursue post-secondary, will you be a first-generation college student (neither of your parents attended college)? Yes ____ No ____

How did you hear about MASH Camp? _____

Have you participated in other Hudson Mohawk AHEC programs? Yes ____ No ____

If so, what program was it? _____



Main Office:
333 Glen Street, Suite 200A
Glens Falls, NY 12801
518.480.2432

Albany Office:
175 Central Avenue, 5th Floor
Albany, NY 12206
518.478.2059

www.hmahec.org

STUDENT CONSENT FORM

TO BE COMPLETED BY APPLICANT:

I certify that the information given in this application is true and correct. I understand that for my application to be considered it must be complete including **one completed letter of reference, one signed Student Consent form, and one signed Parental Consent form.**

Signature of Applicant: _____ Date: _____

PARENTAL CONSENT FORM

TO BE COMPLETED BY A PARENT OR GUARDIAN AND APPLICANT:

I give permission for _____ to attend MASH Camp 2019.
NAME OF STUDENT

I certify that the information in this application is true and correct.

We agree to and understand the following:

____ Participants are responsible for their own transportation to the program.

____ Notification of the accepted students into the camp will be done via e-mail.

All forms are due no later than June 1st, 2019.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Return this application via e-mail or mail to the following:

across@hmahec.org

Hudson Mohawk Area Health Education Center
333 Glen Street, Suite 200A
Glens Falls, NY 12801
Attn: Adrienne Cross