



Main Office
333 Glen Street, Suite 200A
Glens Falls, New York 12801
518.480.2432

Satellite Office
71 First Street, Hart Hall, Room 305
Troy, New York 12180
P: 518.244.6010

www.hmahec.org

INFORMATION SHEET

WHAT IS MED QUEST CAMP 2020?

Med Quest Camp 2020 is a five-day program that takes place at Albany Medical College, providing 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:

- Are entering 11th or 12th grade for the 2020-2021 school year
- Are considering a career in healthcare
- Are concerned about their community's health
- Want to explore the diversity of healthcare careers
- Are interested in finding out the latest directions in medical education and technology
- Want to learn more about what it takes to get into a medical school or other health career trainings

MED QUEST Camp 2020 DATE/LOCATION

Monday, July 6th through Friday, July 10th 8:30am – 5pm
Albany Medical College, 43 New Scotland Avenue, Albany, NY

No Cost

This is five-day camp with all activities and meals included. Students attending Med Quest Camp will be responsible for their transportation to and from the program (at Albany Medical College).

APPLICATION PROCESS

Students are required to go through a **2-stage selection process**. Hudson Mohawk AHEC will be handling the **pre-screening process** and will select up to 5 students to **submit a second application** to Albany Medical College. From that point Albany Medical College will select the top applicants and notify the students directly of their acceptance into the program.

>PRE-SCREENING STAGE

All pre-screening applications are due no later than April 1st, 2020. Applications (**including one completed letter of reference, one signed Student Consent and one signed Parental Consent**) must be completed in their entirety to be considered for review. The application can be found on the Hudson Mohawk AHEC homepage at www.hmahec.org. **Please note- this is a competitive process - late applications will not be accepted.**

>FINAL SCREENING STAGE

Med Quest Camp has limited space. Applications and references will be used to determine entry into the program. Once the prescreening process has been completed, students will be invited to submit a second application through Albany Medical College's Google Docs form. **The students that are accepted into the program will be notified directly by Albany Medical College for final admittance.**

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



Main Office
333 Glen Street, Suite 200A
Glens Falls, New York 12801
518.480.2432

Satellite Office
71 First Street, Hart Hall, Room 305
Troy, New York 12180
P: 518.244.6010

www.hmahec.org

PRE-SCREENING 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: _____ County: _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

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

Name of High School: _____

Grade for upcoming school year (2020-2021): 11th _____ 12th _____

Will you be a first-generation college student (neither of your parents attended college)? Yes _____ No _____

How did you hear about Med Quest Camp? _____



Main Office
333 Glen Street, Suite 200A
Glens Falls, New York 12801
518.480.2432

Satellite Office
71 First Street, Hart Hall, Room 305
Troy, New York 12180
P: 518.244.6010

www.hmahec.org

STUDENT CONSENT

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 for review it must be completed to its entirety including **one letter of reference, a signed Student Consent, and a signed Parental Consent (see below).**

Signature of Applicant: _____ Date: _____

PARENTAL CONSENT

TO BE COMPLETED BY A PARENT OR GUARDIAN AND APPLICANT:

I give permission for _____ to attend Med Quest Camp 2020,
NAME OF STUDENT

A program open to students entering grades 11th, or 12th.

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

We agree to and understand the following:

___ The pre-screening application is due April 1st, 2020.

___ Participants are responsible for their own transportation each day of the program.

___ Notification of the accepted students into the final round of the application process will be done via e-mail.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

All forms are due no later than April 1st

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

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