

# 2024 Summer Programs Application

## APPLICANT GENERAL INFORMATION

Name \_\_\_\_\_  
*Last First Middle*

Date of birth \_\_\_\_\_  
*Month Day Year*

Current grade  10<sup>th</sup> grade  11<sup>th</sup> grade

T-shirt size  Adult Small  Adult Medium  Adult Large  Adult XL  Adult XXL

Gender \_\_\_\_\_

Ethnicity  Hispanic or Latino  Not Hispanic or Latino  Prefer not to say

Race  American Indian or Alaska Native  Asian  Black or African American  
*Mark one or more*  Native Hawaiian or Other Pacific Islander  White  Prefer not to say

Home address \_\_\_\_\_  
*Street City, State Zip*

YOUR email \_\_\_\_\_

YOUR phone number \_\_\_\_\_

Parent/guardian email \_\_\_\_\_

Current school name \_\_\_\_\_

Is your school Title I?  Yes  No *Not sure? Ask your counselor or look it up online!*

School town & state \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Citizenship  U.S. Citizen  Non-Citizen Living in U.S.  Non-Citizen Living Abroad

*Note: Citizenship information is required for security and building access purposes for in-person camp.*

## CAMP/COURSE SELECTION

Place a check mark next to the camps/courses for which you would like to apply. If you have a strong preference for one session over another, feel free to highlight it.

*Note: Please check your school calendar to ensure that you are not in school during summer programs. You are required to attend all live sessions each day.*

Online Summer Course:	June 10 - 14	_____
Disease Detective Camp 1:	June 24 - 28	_____
Disease Detective Camp 2:	July 22 - 26	_____

Did you apply to our summer programs in 2023?  Yes  No

Did you attend a 2023 program?  Yes  No

## CDC MUSEUM PUBLIC HEALTH ACADEMY CONDITIONS

Students, place a check mark next to each statement to indicate that you read it and are aware of expectations.

- The *CDC Museum Public Health Academy Online Summer Course* and *CDC Museum Disease Detective Camp* are voluntary attendance programs; participants should arrive on time and eager to participate.
- I have read the Frequently Asked Questions on the camp and/or online summer course application pages.
- Campers must show a government-issued photo ID each day of the in-person camp and are required to wear a CDC-issued ID badge. This is for the safety of each camper and is required by security.
- Students must be 16 years of age by the first day of the in-person camp. Camper or parent/guardian must provide proof of birth date when requested by CDC Museum education staff.
- Disease Detective Camp and Online Summer Course are welcoming environments where all students can openly embrace learning. No bullying or negative behaviors will be tolerated.
- Students who are not able to adhere to program rules will be asked to leave camp or will be removed from the online course.

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## EMERGENCY CONTACTS (to be filled out by a parent or guardian)

Emergency Contact 1	_____	Emergency Contact 2	_____
Phone number	_____	Phone number	_____
Relationship to applicant	_____	Relationship to applicant	_____

Does the applicant have any medical concern(s) you wish to share with us?

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## PARENT/GUARDIAN ACKNOWLEDGEMENTS (to be filled out by a parent or guardian)

Parents/guardians, place a checkmark next to each statement indicating that you have read and agree.

- I grant permission for CDC staff to take pictures or videos of my child to be used for marketing purposes without compensation or time limitations.
- I understand there is no tuition cost associated with the CDC Museum Public Health Academy programs, but students are responsible for costs associated with attending camp or course, such as transportation, housing, meals, and internet access.
- I will ensure that my camper will have transportation to and from CDC Roybal Campus at 1600 Clifton Road NE in Atlanta, GA each day for in-person camp or has access to a computer and internet for the online course. Lodging, transportation, internet access, and electronics will not be provided by CDC.
- I understand that my student must be 16 years of age by the first day of in-person camp. At museum education staff request, I will provide proof of birth date of my student. Acceptable forms of birth date confirmation are copies of a birth certificate, passport, learner's permit, or driver's license.
- I understand that all students are expected to fully participate and adhere to stated program rules. I understand that students who break rules may be removed from in-person camp or online course.

## SHORT ANSWER + APPLICATION ESSAY QUESTIONS

Submit a separate page with typed responses to the three questions listed below. Remember – these answers will be used to evaluate your application. Put thought into each answer and be sure to proofread.

1. Tell us ONE unique thing we should know about you. This can be a funny story, serious anecdote – anything really! (250 words or less)
2. The CDC Museum Public Health Academy teaches attendees about the scientific field of public health. According to CEA Winslow, public health is “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.” Why is this topic appealing to you? (250 words or less)
3. CDC works to keep people safe and happy by analyzing data to determine what public health problems need to be addressed. What problem would you like to solve? Why this problem and what skills do you feel you will need to be successful? (250 words or less)

### **Mailing Instructions:**

- Do not print double-sided.
- Do not staple or fold your application.
- Use a large envelope (9” x 12” or similar size).
- Place all pages in numeric order with your essays at the end.  
Include your teacher recommendation form in its sealed envelope.
- Applications must be postmarked (mailed) by March 22, 2024.

**CDC Museum Public Health Academy  
1600 Clifton Road NE  
MS H19-M  
Atlanta, GA 30329**

# CDC MUSEUM PUBLIC HEALTH ACADEMY TEACHER RECOMMENDATION FORM

Name of Applicant \_\_\_\_\_

Teacher/Guidance Counselor Name \_\_\_\_\_

Job Title \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please answer the following questions to help the selection committee evaluate the applicant. Note that the program is highly competitive, with limited slots and an average of 600-650 applicants per year.

1. How long have you known this student and in what context/which class?
  
2. Describe the student's demeanor in class.
  
3. Describe the student in three words.
  
4. How is this student different from others?
  
5. Rate this student on the following characteristics.

	Below Average	Average	Above Average	Excellent	No Basis for an Opinion
Academic Achievement					
Maturity					
Motivation					
Ability to Work in Teams					
Intellectual Curiosity					
Ability to Adapt to New Situations					

**Please return this form to applicant in a sealed envelope and sign the flap.**