East Tennessee State University Bill Gatton College of Pharmacy annual summer camp, "Gatton Pharmacy Footprints," will be on **June 3 - 7, 2019**. Rising high school juniors, seniors and college freshman who are interested in the sciences, health sciences, and/or pharmacy are encouraged to apply. **ONLY 20 students** will be accepted. The cost of the five-day program is **$75.00**. Financial assistance may be provided for students who qualify and provide the appropriate documentation. Please **do not** submit the registration payment with this application. A non-refundable payment will be due **after** you have received notification of acceptance.

**Eligibility requirements are:**

- Cumulative GPA of 3.0 or above on a 4.0 scale
- 250-500 word essay on why you want to attend
- An interest in science, the health sciences, and/or pharmacy as indicated by planned or taken courses
- Parent or legal guardian's signature

**How to Apply:**

Step 1: The student should read, complete, and sign this application.
Step 2: The student's parent or legal guardian should also read and sign the application.
Step 3: Scan or take a picture of your completed and signed application, then email to **pharmacy@etsu.edu** by **May 3, 2019**.

For more information, please email pharmacy@etsu.edu, subject line "Pharmacy Camp," or call 423.439.6338.
Applicant’s Name: ____________________________________________________________

Street Address: ___________________________________________________________________

City: _______________________________ State: ___________ Zip Code: ______________

Contact Telephone Number: ____________________ Cell Phone Number: ______________

Email Address: ___________________________ Preferred Name on Nametag ______________

Cumulative GPA: _____

T-Shirt Size (unisex): ______ Birth Date: ___________ Gender: ________________

How did you hear about the Gatton College of Pharmacy 2019 Summer Program (website, counselor, teacher, Career Quest, friend, etc.)? ___________________________________________________

Please submit a 250 - 500 word essay that provides a self-introduction and conveys why you want to be a participant in the Gatton College of Pharmacy 2019 Summer Program.

My signature below certifies that the information I provided in this application has been completed by me and that it is accurate to the best of my knowledge. I certify that my personal essay and the information on my application represent my own work.

Student’s Signature: _______________________________ Date: __________

Parent or Legal Guardian’s Signature: ___________________________ Date: __________