

With the aging population, health professionals will continue to be in high demand. NMMC has developed the Summer Health Academy, a workforce development program for science and technology, to help promote an adequate supply of caregivers in our community in the years to come.

Participants spend four hours each day with nurses and other health care professionals who are eager to share their expertise and enthusiasm. Because enrollment is limited, students are able to interact one-on-one with nurses, radiologic technologists, pharmacists, physical therapists and other health care staff.

- **Who:** Rising seventh-, eighth- and ninth-graders
- What: An opportunity to learn about various health careers
- **When:** 8 a.m.-noon June 1-5, 2020
- Where: HealthWorks! 219 S. Industrial Road Tupelo
- **Fee:** \$50 (includes educational materials and snacks) Tuition support is provided for public school students in Lee, Pontotoc and Union counties by the Toyota Wellspring Education Fund, a fund of the CREATE Foundation.

Students will learn more about:

- Cardiology Emergency Services Lifesaving Skills Nursing as a Career Oncology
- Orthopedics Pharmacy Radiology Rehabilitation Respiratory Therapy Surgery Wellness

Summer Health Academy is limited to 30 students who will be selected on the basis of academic achievement, community service and desire to enter a health profession.

Application packets are due by April 6 and should include:

- A completed application with both student and parent signatures
- Your latest report card with all 2019-2020 school year grades
- Two of the attached reference forms completed by teachers who have taught you in the last two years. References must be enclosed in a sealed envelope with the reference's signature across the back flap.

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• Incomplete packets will not be considered.

Students who are selected to participate will be notified by April 30.

For more information, call (662) 377-3131 or email jyaughn@nmhs.net.



Summer Health Academy Student Application

Name		Phone
Street Address		
City, State, Zip		
School		
Last grade completed by 6/1/20		
Parent's Name		
Parent's Daytime Phone	_ Parent's Email	
Community Service (if any)		
Student Signature		
Parent Signature		

Along with this completed application, include:

- Your latest report card with all 2019-2020 school year grades
- Two of the attached reference forms completed by teachers who have taught you in the last two years. References must be enclosed in a sealed envelope with the reference's signature across the back flap.

Return by April 6 to:	North Mississippi Medical Center Volunteer Services Department 830 South Gloster Street Tupelo, MS 38801
	Fax: (662) 377-3097

jvaughn@nmhs.net

Do not send payment with this application.