



CAMP CARILION CLINIC 2026 INFORMATION

Camp Carilion Clinic will be held Tuesday, June 16^h – Friday, June 19th.

To be eligible, the following are required:

1. **Applicant must be a rising 10th, 11th, 12th grade student.**
2. Applicant must have a strong desire to learn about healthcare careers.
3. Applicant must have his/her own transportation.
4. Applicant must submit a **completed** application by **Friday, April 3, 2026.**
5. Applicant must have **one recommendation from a school official.**
6. Applicant must write a paragraph titled, "Why I Am Interested in this Camp/Healthcare"
Please make sure paragraph is written legibly or typed.
7. Please **EMAIL** completed application packet to Lynn at lmfreeman@carilionclinic.org

Blinded applications will be reviewed by the Camp Carilion Clinic Committee and notice of decisions will be **emailed by Friday, April 17th, 2026. If your child is accepted to Camp Carilion Clinic, a fee of \$85 payable to Carilion Clinic is due by Friday, May 1, 2026.**

Incomplete applications will not be reviewed.

****Only 12 students will be blindly selected based on application qualifications. Students accepted for Camp Carilion Clinic will be required to complete additional documentation. Additional information on these requirements will be provided to students with their acceptance notification.**

Carilion Clinic
Visiting Student Affairs
1 Riverside Circle, 4th floor
Roanoke, VA 24016

Camp Directors

Lynn Cowart
(540) 581-0304
lmfreeman@carilionclinic.org

Karri Proctor
(540) 581-0303
krproctor@carilionclinic.org

CAMP CARILION CLINIC APPLICATION 2026

(To be completed by parent or guardian)

Please PRINT clearly or Type

CHILD'S NAME _____
(FIRST) (MIDDLE) (LAST)

CHILD'S DATE OF BIRTH _____ AGE _____ GRADE FOR **FALL 2026** _____

MALE FEMALE

SCHOOL NAME _____

PARENT/GUARDIAN(S) NAME _____

COMPLETE ADDRESS _____
(STREET) (APT#)

(CITY) (STATE) (ZIP)

CELL PHONE _____ WORK PHONE _____

EMAIL(s)

Parent/Guardian email _____

Child email _____

WHY WOULD YOU LIKE YOUR CHILD TO PARTICIPATE IN CAMP CARILION?

(please write legibly)

HOW DO YOU FEEL THIS CAMP WILL HELP SUPPORT YOUR CHILD'S FUTURE CAREER

GOALS? (please write legibly)

I certify that all the information stated on this application is true and complete to the best of my knowledge. If my child is accepted to Camp Carilion Clinic, I agree to provide transportation for my child to and from Camp Carilion Clinic. I agree to pick up and drop off my child at the scheduled locations and times. I understand that upon applying for this camp, my child will become subject to the regulations of Camp Carilion Clinic.

PARENT/GUARDIAN SIGNATURE

DATE

CAMP CARILION CLINIC RECOMMENDATION FORM 2026
(To be completed by school official)

Student Name: _____

School: _____ GRADE FOR FALL 2026 _____

The above applicant has applied for participation in the Camp Carilion Clinic.

This form must be received by Visiting Student Affairs no later than Friday, April 3, 2026, and returned via e-mail to Lmfreeman@carilionclinic.org

On a scale of 1 (lowest) and 4 (highest), please rank each item in the way that most clearly characterizes your appraisal of this applicant. If you are unable to evaluate on a certain criterion, please circle N/A. Please justify all high and low scores with comments below.

Academic Performance	1	2	3	4	N/A
Attendance/punctuality	1	2	3	4	N/A
Class participation	1	2	3	4	N/A
Ambition	1	2	3	4	N/A
Dependability/reliability	1	2	3	4	N/A
Attitude	1	2	3	4	N/A
Ability to work with others	1	2	3	4	N/A
Communication skills	1	2	3	4	N/A
Leadership skills	1	2	3	4	N/A

Additional Comments: _____

Name: _____

Title: _____

*** Signature on form is required.**

Signature: _____ Date: _____