Application for Rural Community Health Immersion Clinicals-Summer 2019

The rural community health clinical is a 3-week immersion experience that takes place from Monday, May 20th-Saturday, June 15th, 2019 with a one-week preparatory period prior to traveling (4 weeks total). Students may apply for financial aid for this program.

The program will include activities that take place during the day, in the evenings, and on weekends. Students committing to the program will be expected to live in Rusk or Chippewa counties for the duration of the program. Housing is arranged, but the costs of housing and transportation are the responsibility of the student. Students will be asked to enroll in N436 over the summer term.

Please complete the application, sign, date, and return it to the Academic Affairs Office, Suite 1100 or by email to academic.affairs@nursing.wisc.edu by 4pm on Friday, December 7, 2018.

Name: ___________________________________________ Student ID: ________________________________

Birthdate: ___________________ Gender: Male | Female

Current Address:

Permanent Address

Do you have any concerns about living with up to eight classmates in the same living facility? Yes | No

If yes, please explain.

Essay Question: On a separate page, in 500 words or less, tell us why you are interested in participating in this rural community health immersion experience. Things to include could be your perception or exposure to rural communities and what you hope to get out of the experience. Also share how you intend to integrate your previous experiences into this experience and how you hope to use the skills you learn about rural community health nursing practice in the future.

By signing this application, I agree that I will be able to commit to the rural community health clinical for the entire 3 week period. I understand that I am expected to live and work in the area and take part in community activities during this program, including evenings and weekends and I will not be allowed to leave the program early.

______________________________________    ______________
Name            Date

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