



Club Scrub Application

A health career club for 8th grade students

Applications are due January 31st by emailing Stacie.Natter@ssmhealth.com

Student Name:	School Name:
Parent/Guardian Name:	Preferred Phone:
Home Address:	Email Address:

Describe why you are interested in Club Scrub:

What will you contribute to the program to make it successful for you?

What do you hope to learn from Club Scrub?

Please list two references with contact information that are not related to you:

By signing this form, I am committing to participate in the full 8-week Club Scrub Program.

Student Signature: _____

Parent Signature: _____