

## Tuskegee Area Health Education Center 2019 Health College Connection Program I JUNE 3- JULY 12, 2019 High School Student Application

<u>Directions</u>: Please type or clearly print in black or blue ink. Be sure to put your name on all documents. <u>Application is due no later than May 17, 2019.</u>

Student's Name:			
Last	First	Middle	
Social Security Number:	Current	Grade:	
ACT Score: Cur	rent Grade Point Average (0	<mark>3PA</mark> ):	
Date of Birth (Month/Day/Year):	Gender:	( ) Female ( ) Ma	le
Email Address:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone Number: ()			
Ethnicity: (Please Circle) Black White Amer	rican Indian Hispanic East	Indian Asian/Pacific Island	er
Other: Parent(s) or Legal Guardian(s)			
Name(s):			
Address:			
City:	State:	Zip Code:	
Telephone Numbers: Home ()	Cell (	))	
In case of an emergency, contact: Name			
Relationship:	Telephone Numbe	er: ()	
Please answer the following:			
I am interested in a health care profession: ( )	YES ( ) NO		
My career goal is to become:			
After graduating high school, I plan to ( ) Get a	job ( ) Attend college (	) Attend Vocational School	
I am available to participate in the Health Colle during the period June 3, 2019 through July 1		onday through Friday, 8:00	a.m. until 4:00 p.m

A complete application and all required documents must be received no later than Friday, May 17, 2019. Mail documents to: TAHEC., PO Box 830016, Tuskegee, AL 36083.

CAREFULLY READ THE PROGRAM SELECTION CRITERIA