

In Case of Emergency, contact: _____

Relationship: _____ Telephone Number: (____) _____

Please answer the following:

My current grade point average (GPA) is: _____

My career goal is to become: _____

My classification is (**Please check one**): ___ rising sophomore ___ rising junior

My major area of study is: _____

I am available to participate in the Health College Connection II Program Monday through Friday, 8:00 a.m. until 4:00 p.m. during the period June 3, 2019 through July 12, 2019: () YES () NO

Please return this application, letters of recommendation and transcript to the following address:

**TAHEC
P.O. Box 830016
Tuskegee, AL 36083**

*******SUBMIT ALL MATERIALS IN ONE PACKET BY May 17, 2019*******

IF YOU REQUEST CLINICAL CREDIT FOR YOUR PARTICIPATION IN THE PROGRAM, YOU WILL NOT RECEIVE A STIPEND.

CAREFULLY READ THE PROGRAM SELECTION CRITERIA