



Tuskegee Area Health Education Center, Inc.
2017 Health College Connection Program I
JUNE 12 – JULY 21, 2017
Student Application

Directions: Please type or clearly print in black or blue ink. Be sure to put your name on all documents. **Completed applications must be submitted no later than May 12, 2017**

Student's Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Current Grade: _____

Date of Birth (Month/Day/Year): _____ Gender: () Female () Male

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Ethnicity: (Please Circle) Black White American Indian Hispanic East Indian Asian/Pacific Islander

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 Number: (_____) _____

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 College Connection Program Monday through Friday, 8:00 a.m. until 4:30 p.m. during the period June 12, 2017 through July 21, 2017: () YES () NO

Please return this application and all required documents to your school counselor or to Rheba Knox at TAHEC, Inc., PO Box 830016, Tuskegee, AL 36083 no later than May 12, 2017.

CAREFULLY READ THE PROGRAM SELECTION CRITERIA