

April 2017

Parent(s) or Legal Guardians:

Name(s): _____

Address: _____

City State Zip

Telephone Numbers: Home (_____) _____ Cell (_____) _____

In Case of Emergency, contact: _____

Relationship: _____ Telephone Number: (_____) _____

Please answer the following:

My career goal is to become: _____

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, letters of recommendation and transcript to the following address:

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

**ATTN: Rheba Knox
Phone: 334-727-0550 ext. 3591**

******* SUBMIT ALL MATERIALS IN ONE PACKET BY May 12, 2017*******

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

CAREFULLY READ THE PROGRAM SELECTION CRITERIA