



College Application

Student's Name: Last _____ First _____ Middle _____

Gender: ___ Male ___ Female

Student's Social Security Number: _____

Student's Date of Birth: MM _____ DD _____ YY _____

Student's Present Campus: ___ North ___ Kendall ___ Homestead ___ Wolfson

___ InterAmerican ___ Medical

Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Grade Point Average(GPA): _____

Student's Address: _____ Apt. # _____

City _____ **State** _____ **Zip Code** _____

Home Phone: (____) _____ - _____

E-mail: _____

The federal agency providing funding for this grant is requesting the following information. Select one category.

Group A ___ Hispanic
(Cuban, Mexican, Central or South American, Puerto Rican, or other Spanish culture or origin.)

___ Non-Hispanic

Group B ___ African American
(Original peoples of Africa)

___ White
(Original peoples of Europe, North Africa or the Middle East)

___ American Indian or Alaskan Native

(Origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition)

___ Asian or Pacific

Islander
(Origins in any of the peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent, i.e. China, India, Japan, Korea, Philippines, and Samoa)

Citizenship/Immigration Status:

A. U. S. Citizen: ___ Yes ___ No

B. Resident Alien: ___ Yes ___ No Alien Registration Number _____

C. Birthplace _____

Place a check mark next to the Allied Health Career you are interested in pursuing.

___ Dental Hygiene

___ Paramedic

___ Diagnostic Medical Sonography

___ Physical Therapy Assistant

___ Emergency Medical Services

___ Physician Assistant

___ Health Information Management

___ Radiation Therapy

___ Histologic Technology

___ Radiography

___ Medical Laboratory Technology

___ Respiratory Care Therapist

___ Opticianry

___ Veterinary Technology