



### High School Application

**Student's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Gender:** \_\_\_ Male \_\_\_ Female

**Student's ID #** \_\_\_\_\_

**Student's Social Security Number:** \_\_\_\_\_

**Student's Date of Birth:** MM\_\_\_\_ DD\_\_\_\_ YY\_\_\_\_ **Student's Age:** \_\_\_\_\_

**Student's Current Grade Level:** \_\_\_\_\_

**Student's Grade Point Average (GPA)** \_\_\_\_\_ (GPA is not the sole criteria for selection)

**Student's Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone:** (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Student's Present School:** \_\_\_\_\_

**Student's Parent or Guardian:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Parent or Guardian Daytime Phone:** (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Parent or Guardian Evening Phone:** (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**May we call your parent or guardian during the day?** \_\_\_ Yes \_\_\_ No

**When is the best time to reach your parent or guardian?** \_\_\_\_\_

**Parent or Guardian Relationship to Student:** \_\_\_\_\_

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)

\_\_\_ 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)

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

\_\_\_ 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      |