

Name: _____
Last First Middle

Home Address: _____
Street or PO Box City State Zip

Phone: (____) _____ Email Address: _____

Birth Date: _____ Present Age: _____ Sex: ___Male ___Female

Name(s) of Parent(s) or Guardian: _____

Daytime Phone Number: (____) _____ Scrub Shirt Size: (circle) S M L XL XXL

Alternate Phone Number: (____) _____

Name of school currently attending: _____

Street or PO Box City State Zip

GPA: _____ (*Please attach transcript*) Circle grade you are currently in: 10 11 12 Other

Careers interested in pursuing: _____

Please attach a two paragraph typed narrative on why you would like to attend the academy and why health career is the path you are interested in for your future.

To be completed by Guidance Counselor:

I nominate _____ to attend the HRMC Health Careers Exploration Academy based on the following reasons:

Signature of Counselor

Date

To be completed by Applicant:

I certify that the information given in this application is true and correct. I have proofread for accuracy and completeness. I give HRMC my consent to photograph me during the Academy experience and use the photographs for organizational marketing/publicity and social media posting. HRMC is not responsible for injury or illness or costs involved with any type of follow-up care. HRMC is not responsible for personal property brought onto the site. I will call ahead if unable to attend the scheduled experience. **Applications due Oct. 31, 2019.**

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Note: Once all applications have been reviewed, approved applicants will receive an agenda in the mail prior to the event.