

**Health Careers Opportunity Program (HCOP)  
Pipeline Access to Health Career (PATH)  
AAIUH's Health Science Academy- 9<sup>th</sup> Grade Bridge Program**

## 9<sup>TH</sup> GRADE BRIDGE PROGRAM- ENROLLMENT APPLICATION

**STUDENT INFORMATION:** \_\_\_\_\_

First Name

M.I

Last Name

Name of High School: \_\_\_\_\_

Student's Home/Mailing Street Address: \_\_\_\_\_

Unit/Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Student's Race/ Ethnicity:

\_\_\_ American Indian

\_\_\_ Pacific Islander

\_\_\_ Asian (non-Hispanic)

\_\_\_ White (non-Hispanic)

\_\_\_ Black (non-Hispanic)

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Hispanic (Latin American)

Country of Birth: \_\_\_\_\_

Are you a citizen/permanent resident of the United States? Yes  No

If you answered 'yes', please provide your SSN/Alien registration No. \_\_\_\_\_

Primary Language: \_\_\_\_\_

Name of your current Science Teacher: \_\_\_\_\_ Current Grade: \_\_\_\_\_

What extra-curricular activities do you participate in NOW (*list the most important, up to 4*)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What health career field(s) interests you most (*list the top 3*)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FAMILY INFORMATION:**

Total Number of Individuals Living in Household (including Student Applicant): \_\_\_\_\_

Mother:      Living\_\_\_\_      Deceased\_\_\_\_      # of Brothers: \_\_\_\_      Age(s): \_\_\_\_

Father:      Living\_\_\_\_      Deceased\_\_\_\_      # of Sisters: \_\_\_\_      Age(s): \_\_\_\_

**Household Income:**

- Less than \$19,999       \$20,000 to \$39,999       \$40,000 to \$59,999  
 \$60,000 to \$79,999       \$80,000 to \$99,999       \$100,000 or more
- 

**PRIMARY GUARDIAN INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ English Proficient?    es     No

Telephone (h): \_\_\_\_\_ Cell/work: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Primary Language spoken: \_\_\_\_\_

English Proficient?     Yes     No

Race/Ethnicity:

- \_\_\_\_ American Indian      \_\_\_\_ Pacific Islander  
\_\_\_\_ Asian (non-Hispanic)      \_\_\_\_ White (non-Hispanic)  
\_\_\_\_ Black (non-Hispanic)      \_\_\_\_ Other  
\_\_\_\_ Hispanic (Latin American)

Occupation/Profession: \_\_\_\_\_

Education Level:

- High school     College     Technical School     Graduate/Professional
- 

**Emergency Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone (h): \_\_\_\_\_ Telephone (c): \_\_\_\_\_

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**CERTIFICATE AND RELEASE OF INFORMATION (MUST BE SIGNED BY STUDENT AND PARENT/GUARDIAN)**

All information in this form is true and complete to the best of my knowledge. Upon request, I will provide proof of information to the Principal and/or Academy Coordinator. I realize that proof of information may be requested to verify status. I also realize that failure to provide information will jeopardize the Applicant's acceptance into the HCOP/PATH/AAIUH/HSA 9<sup>th</sup> Grade Bridge Program.

I grant permission to the representative(s) from the Health Careers Opportunity Program at SUNY Downstate Medical Center/Arthur Ashe Institute for Urban Health to receive and/or review copies of my child's/charge's school transcript(s), all information relating to financial aid application(s), and report(s) regarding his/her academic progress.

\_\_\_\_\_  
Student's Name (*please print*)

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (*please print*)

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

***I elect NOT to give consent. I understand that by doing so, my child will not be enrolled in this program.***

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**PARENTAL CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video of the student named above by the Health Science Academy and the Arthur Ashe Institute for Urban Health. I also grant to the Health Science Academy and the Arthur Ashe Institute for Urban Health the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Health Science Academy and the Arthur Ashe Institute for Urban Health and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

\_\_\_\_\_  
Parent/Guardian's Name (*please print*)

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

***I elect NOT to give consent. I understand that by doing so, my child will not be enrolled in this program.***

**This consent is in effect while your child is enrolled in any HSA program.** Program reporting and communicating requires the use of quotes and images of all participants in the program; therefore, please note that parental consent for the use of quotes, photographs and movies/videos is a requirement for

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participation in this program. **If you choose to decline permission your child cannot be enrolled in the program.**

**SCIENCE TEACHER RECOMMENDATION FORM (TO BE COMPLETED BY SCIENCE TEACHER ONLY)**

STUDENT'S/APPLICANT'S NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Has the applicant shown interest in science and health careers? Describe any activities/projects that give evidence of such interest.

\_\_\_\_\_

\_\_\_\_\_

Is there any additional information concerning the applicant which would be of value to us? Please describe.

\_\_\_\_\_

\_\_\_\_\_

Please rate the candidate by checking the appropriate column below. If you feel that your knowledge is not adequate in any of these areas please check N/A (not applicable).

Characteristic	Excellent	Above Average	Average	Poor	N/A
Motivation	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Perseverance	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Enthusiasm	_____	_____	_____	_____	_____
Sociability	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____

Summary Evaluation: Please indicate the strength of your overall recommendation. (Please check one)

- Highly Recommend**
 **Recommend**  
 **Recommend with reservation**
 **Do not recommend**

**Recommender: Please print your information and sign below.**

Recommender's Name: \_\_\_\_\_

Signature of Recommender: \_\_\_\_\_

Date: \_\_\_\_\_