

**University of Hawai'i at Mānoa
HEALTH CAREERS OPPORTUNITY PROGRAM (HCOP)
HIGH SCHOOL PARTICIPANT APPLICATION 2011**

The Health Careers Opportunity Program (HCOP) is funded by the State of Hawaii and other grants that may require ethnic and gender background of the students. Therefore, we are requesting that you provide this information for reporting purposes and future funding. Providing ethnic & gender information does not affect determination of admission into HCOP.

PERSONAL BACKGROUND

Name: _____ Last _____ First _____ M.I. _____
 Last Four Numbers of Social Security #: ____-____-____-____
 High School: _____
 Date of Birth: ____/____/____ Age: _____ Grade: Fr So Jr Sr
 Gender: Male Female Expected Yr. Grad: _____
 Email: _____ Current GPA: _____ Cumulative GPA: _____
 Health Career Interest(s): _____
 How did you hear about the Health Careers Opportunity Program? _____

Current Address: _____ Permanent Mailing Address: _____

 Home Phone: _____ Cell Phone: _____

Ethnicity (list all that apply): _____
 Citizenship: USA Resident Alien or U.S. Affiliated Pacific Islander
 Other (Specify Country): _____

Parent(s)/Legal Guardian(s) Information

Name:	Home/Cell Phone:
Address:	Work Phone:
Name:	Home/Cell Phone:
Address:	Work Phone:

Applicant Name: _____(Last), _____(First) 01/12/11

What is the primary language(s) spoken at home? _____

List any other languages spoken at home: _____

Receiving free- or reduced-cost lunch? Yes No

Check certifications & list expiration date: CPR _____ First Aid _____

VOLUNTEER, EXTRACURRICULAR, & EMPLOYMENT DATA

List school or community awards and achievements:

List volunteer activities (e.g. community service, care-giving, etc.):

List extracurricular activities (e.g. participation in student government, sports, clubs, etc.):

List work experience (if any):

Company/Organization	Dates (starting–ending)	Duties
_____	_____	_____
_____	_____	_____

PERSONAL STATEMENT

Please write a personal statement responding to all of the following questions. The statement should be approximately 200-250 words and double-spaced (attach to application).

- Describe what you expect to gain from participating in HCOP. What are your health career interests and why?
- Describe a challenge that you have faced.
 - How did you overcome it?
 - What did you learn from it?

Applicant Name: _____(Last), _____(First)

RECOMMENDATIONS

One letter of recommendation is required. Letter should be from a teacher (preferably a health/science teacher) or counselor. The person should be able to comment on your academic qualifications and on your potential to succeed in the Health Careers Opportunity Program. Recommendation letters written by family or friends will not be accepted. Ask the person to complete the recommendation form, and to return it directly to the address below.

Recommender's Name: _____ Title: _____
 Organization: _____
 Address: _____
 Phone: _____ Fax: _____ E-Mail: _____

CERTIFICATION

I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply required information in connection with this application may result in the rejection of my application. I agree to notify the Health Careers Opportunity Program of additional information or changes arising at any time prior to or during my enrollment.

Student's Signature _____
Date

If under age 18, parent or legal guardian sign below:

Parent or Legal Guardian's Signature _____
Date

SUBMIT MATERIALS TO:

University of Hawai'i at Mānoa
 Student Equity, Excellence & Diversity Department (SEED)
 Health Careers Opportunity Program (HCOP)
 2600 Campus Road, QLCSS Room 413, Honolulu, HI 96822
 Phone: (808) 956-4796 ♦ Fax: (808) 956-9240 ♦ E-mail: hcop@hawaii.edu
 Web site: <http://www.hawaii.edu/diversity/HCOP/index.htm>

**Application Deadline:
 Monday, April 4, 2011**

University of Hawai'i at Mānoa
 An Equal Opportunity / Affirmative Action Institution

Applicant Name: _____(Last), _____(First)