Full Name: 
Sex: 
GPA: 
Student Email: 
Birthdate: 
Grade Level: 
Previous Application Year: 
Anticipated Graduation: 
Parent Email: 

Ethnicity (Circle all that apply) 
Asian 
Black/African American 
Native American 
Mexican American 
Other 
Other Hispanic 
Native Hawaiian 
Puerto Rican 
White or Caucasian 

Medical 
Known Allergies: 
Medicine Allergy: 
Animal Allergy: 
Chronic Illness: 
Diabetes: 
Broken Bones: 
Other Medical: 

School 
Teacher 

Course Name 
Year 
Semester 
Grade 

Address 
Phone 
Alternate 
Current 

Permanent
Favorite Booth Essay
A Health Profession That I Find Interesting Essay
Why Participate