WEBER STATE UNIVERSITY
HEALTH CAREERS OPPORTUNITY PROGRAM (HCOP)
STUDENT APPLICATION
**PERSONAL INFORMATION**

Information provided in the application will be kept confidential. *(Please type or print neatly.)*

**DATE:** __/__/____

**NAME:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
</table>

**MAILING ADDRESS:**

<table>
<thead>
<tr>
<th>PO Box or Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**HOME PHONE:**

**CELL PHONE:**

**E-MAIL:**

**PARENT/GUARDIAN PHONE:**

**PRESENT AGE:**

**BIRTH DATE:**

**U.S. CITIZEN:**  
- Yes  
- No  
If not, are you a permanent resident?  
- Yes  
- No

**PREFERRED METHOD OF CONTACT:**

- Home Phone
- Cell Phone
- E-mail
- Mail

**ETHNICITY:**

| Hispanic |
- Yes  
- No

**GENDER:**

- Male
- Female

**RACE:** *(check all that apply)*

- American Indian
- Asian
- Asian *(underrepresented)* *(Not Chinese, Japanese, Korean, Filipino, Thai, Asian Indian)*
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other: _______________________________

**SCHOOL INFORMATION:** Check the box of the school you are CURRENTLY attending.

- Ben Lomond High School
- Bonneville High School
- Ogden High School
- Roy High School
- Highland Middle School
- Roy Junior High School
- Mount Ogden Middle School
- Sand Ridge Junior High School
- Mound Fort Middle School
- South Ogden Junior High School
- T.H. Bell Junior High School

Are you currently attending college or an applied technology college (ATC)?  
- Yes  
- No

If yes, which one:
CURRENT GRADE IN SCHOOL:  CURRENT GPA:

Have you taken the ACT?  □ Yes  □ No

What was your composite score? ____________________________

PARENT/GUARDIAN INCOME

□ $0 - 20,036  □ $33,874 - 40,793  □ $54,631 - 61,555
□ $20,036 - 26,955  □ $40,793 - 47,712  □ $61,555 - 68,469
□ $26,955 - 33,874  □ $47,712 - 54,631  □ Over $68,469

Do you participate in Free or Reduced Lunch at school?  □ Yes  □ No

Number of people in your family: ___________________

Do either of your parents have a college degree (associate’s or higher)?  □ Yes  □ No

Academic and Career Goals: Please indicate your area(s) of interest.

□ Nursing  □ Pharmacy Technician
□ Health Administration/Health Promotion  □ Athletic Training
□ Dental Hygiene  □ Respiratory Therapy
□ Radiologic Science  □ Dentist
□ Physician’s Assistant  □ Chiropractor
□ EMT/Paramedic  □ Phlebotomist
□ Clinical Laboratory Science  □ CNA
□ Physician (specify) ____________________________  □ Other: ____________________________
# WSU/HCOP Student Release Form

**Student's Name:**

<table>
<thead>
<tr>
<th>Parent/Guardian:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please print</td>
</tr>
</tbody>
</table>

**Please read and initial each item below.**

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>PARENT/GUARDIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>I give WSU/HCOP permission for any pictures or video taken of my student during the program to be used in future promotional materials for WSU/HCOP.</td>
<td></td>
</tr>
<tr>
<td>I give permission for my student to travel on approved educational field trips with WSU/HCOP staff.</td>
<td></td>
</tr>
<tr>
<td>I authorize WSU/HCOP staff to provide routine and/or emergency medical services (if necessary) for my student during his/her entire enrollment period in the program. Listed below are any allergies or other pertinent health conditions my student may have.</td>
<td></td>
</tr>
<tr>
<td>I release WSU/HCOP staff members and volunteers from any liability for any harm that my student might incur during the program.</td>
<td></td>
</tr>
<tr>
<td>I authorize WSU/HCOP to secure a copy of my student’s transcript, quarterly grade reports, progress reports, class schedule, standardized test scores and any material relative to my student’s academic performance now and throughout the duration of his/her participation in HCOP. I also authorize WSU/HCOP staff to meet with school officials regarding my student’s academic performance and interpersonal development.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
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<td>Date:</td>
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</table>

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Contact:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>