



**Health Careers Opportunity Program (HCOP)  
Summer Enrichment Program (SEP)  
Application Form 2006**

**All applicants must be a U.S. Citizen or permanent resident**

Please *print* the requested information in the allotted spaces. If any additional space is necessary, use a separate sheet. *Applications beyond the deadline of April 14, 2006 will not be processed.*

1. Name

\_\_\_\_\_

\_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ First

2. Street Address

\_\_\_\_\_

\_\_\_\_\_ City State Zip Code

(a) Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

(b) Social Security Number \_\_\_\_\_

3. Sex \_\_\_\_M\_\_\_\_F Birthdate \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_

4. Ethnic Background

\_\_\_\_\_

5. Parent or guardian

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Name Home phone Work phone

6. Street Address

\_\_\_\_\_

\_\_\_\_\_ City State Zip Code

7. Emergency Contact (Adult)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Name Home phone Work phone

8. Street Address

\_\_\_\_\_

City State Zip Code

9. Your School \_\_\_\_\_ (\_\_\_\_\_)  
\_\_\_\_\_

Phone

10. List academic honors and awards you have received.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List any extra-curricular and academic activities (clubs, tutoring etc) you have been involved in.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List the science and math courses taken in high school and the corresponding grade averages.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Record any standardized testing results below:

SAT SCORE \_\_\_\_\_ VERBAL \_\_\_\_\_ MATH \_\_\_\_\_  
ACT SCORE \_\_\_\_\_

14. **Forward your official transcript to the HCOP office.**  
\_\_\_\_\_ **Official high school transcript forwarded.**

15. Have you been accepted into ASU or another post-secondary institution? If yes, indicate below the name of the university and attach a copy of your acceptance letter(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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16. How did you hear about the HCOP SEP program?

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**17. Please provide a copy of your family's 1040 (income tax) or W-2 tax (salary) forms:**

**Total number in household** \_\_\_\_\_ **Total annual family income** \_\_\_\_\_

**18. Ask two persons (at least one science and a math teacher) to write letters of recommendation on your behalf and list their name, address, and telephone number below:**

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*(Letters of recommendation may be attached or sent directly to the address shown below)*

**19. Submit a separate 1- 2-page essay on your health career/educational goals and what prompted you to apply to Summer Enrichment Program (SEP).**

Student and Parent /Guardian Agreement

*Please read the following carefully and sign your name to indicate that you agree.*

If I am accepted, I agree to abide by all **Summer Enrichment Program** rules and regulations, to maintain grades point averages (as defined by HCOP), to accept mentoring/counseling, to participate in field trips and activities. I further agree that my school records and transcripts may be released to the Summer Enrichment Program personnel who are coordinating this program. No individual applying for acceptance into this program will be denied participation on the bases of sex, age, religion, race, or disability.

❖ **Signature of student** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please have your parent or guardian read the following and sign his/her name to indicate agreement.*

I have read all information and I understand the requirements of the **Summer Enrichment Program** and have given my son/daughter permission to participate if he/she is accepted into the program. I further give permission for my son/daughter's records and transcripts to be released to HCOP personnel. I further acknowledge that the information is accurate to the best of my knowledge.

❖ **Signature of parent or guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Submit all completed program information and applications to:**

**Ms. Taryn Thomas, BA, HCOP Program Coordinator,**

**Summer Enrichment Program**

**Albany State University**

**504 College Drive**

**Albany, Georgia 31705**

**Phone:(229) 420-1095**

**Fax:(229) 420-1094**

**[taryn.thomas@asurams.edu](mailto:taryn.thomas@asurams.edu)**

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