



**HEALTH CAREERS ACADEMY at
UNM Health Sciences Rio Rancho Campus**

STUDENT APPLICATION

Name (Last, First, Middle Initial, suffix):

Preferred Name:

Address:

Phone:

Email Address:

Gender:

Date of Birth:

BIRTH INFORMATION:

The City in which you were born:

State in which you were born:

Country you were born:

Are you a US Citizen: Yes No

Are you a resident of Sandoval County? Yes No

ADDITIONAL INFORMATION:

What school do you attend?

Do you consider yourself to be Hispanic/Latino(a)? Yes No

In describing yourself, please select one or more of the following racial categories:

What language(s) do you speak?

What is the primary language spoken at home?

What was your first language?



EDUCATION INFORMATION

School name: _____ School city: _____

Cumulative GPA: _____ Have you taken the ACT? Yes No

If yes, what was your composite score?

Have you taken any AP courses? Yes No

If yes, what courses?

Have you taken any dual credit courses? Yes No\

If yes, which university/college did you attend?

If yes, what courses did you complete, and what grade did you earn?

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FAMILY INFORMATION

Parent/guardian 1: Do you live with this parent/guardian? Yes No

Name: (Last, First):

Address:

Phone: _____ Email: _____

What is the highest level of education completed by parent/guardian 1:

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Parent/guardian : Do you live with this parent/guardian? Yes No

Name: (Last, First):



Address:

Phone:

Email:

What is the highest level of education completed by parent/guardian 2:

FINANCIAL BACKGROUND

Did your parent(s)/guardian(s) claim you as a dependent on their 2018/19 taxes? Yes No

What was the **adjusted gross income** for your parent(s)/guardian(s) that claimed you as a dependent?
(Line 37 on Form 1040; Line 21 on Form 1040A; Line 4 on 1040EZ)

How many people live in your household (including yourself)?

ADDITIONAL INFORMATION

Have you completed any other extra-curricular activities or programs? (select all that apply)

How did you find out about this program? (select all that apply)



Do you have any relatives in a health profession? Yes No
If yes, which health profession(s)?

What is your health-related interest in participating in this program?

Have you completed any health-related certifications or trainings (select all that apply):

Are you able to commit to attending all of the dates of the program (considering anticipated travel, employment, college orientations, other): Yes No

If applicable, please list any special needs or considerations of which we should be aware:

STATEMENT OF CERTIFICATION

I certify that all information given is true to the best of my knowledge. I understand that failure to disclose accurate information is grounds for dismissal from or selection into the program. I agree to provide all necessary documentation. I commit to attending the entire program if selected and I accept.

Signature of Applicant

Date

Signature of Parent/Guardian

Date
