

**Crossroads Utah Area Health Education Center
Health Careers Opportunity Program Eligibility Application**

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone (or message number): _____

What school do you attend? _____ What grade are you in right now? (9-14): _____

Please use the space below to let us know why you would like a career in health care:

Do you plan to attend Salt Lake Community College? YES NO

.....
Because the key purpose of the Health Careers Opportunity Program (HCOP) is to recruit and assist disadvantaged students with “learning and achieving success” in a health care career, we ask that you identify the following information:

Do you qualify for free or reduced lunch at your school? YES NO

**If you are unsure whether or not you qualify for free or reduced lunch, but you feel you may be economically disadvantaged, please ask your parent/guardian to fill out the following:*

1. How many family members do you have living in your home? _____
2. What was your family’s total income before taxes last year? Please check one box:

- Up to \$17,180
- \$17,181 - \$23,220
- \$23,221 - \$29,260
- \$29,261 - \$35,300
- \$35,301 - \$41,340
- \$41,341 - \$47,380
- \$47,381 - \$53,420
- \$53,421 - \$59,460
- \$59,461 or above

According to your school district, are you Limited English Proficient? YES NO

What is your race/ethnicity?

- African American
- Alaskan
- Asian
- Caucasian
- Hispanic
- Native American
- Pacific Islander
- Other

2nd Ethnicity: (if applicable) _____

Do you have a 2.5 or higher grade point average? YES NO

Do either of your parents/guardians have a college degree (associate's degree (2 year) or higher)? YES NO

Are you still in high school and currently pregnant and/or parenting? YES NO

Are you currently homeless or live in foster care? YES NO

Please review the following statement:

I realize the Summer Academic Enrichment Program will help me prepare for college. I understand that the program requires a high level of commitment including regular attendance, full participation in class activities and completion of daily assignments.

Applicant Signature: _____ *Date:* _____

Parent/Guardian Signature: _____ *Date:* _____

*Please return this application by **MAY 1, 2003** to:*

*HCOP Program
SLCC Millcreek Center
1521 East 3900 South
Salt Lake City, Utah 84124*

OR Fax the application to 801-957-3940

If you have any questions about this application, please contact your HCOP Coordinator or the HCOP Program Manager at 801-957-3937 or visit the HCOP website at www.crossroadscenter.org. Thank you for your interest!