



STUDENT APPLICATION

Name: _____

Date of birth: _____ Age: _____ Gender: ___ Male ___ Female

Street address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____

Email: _____

Scrub Top Size: S M L XL 2XL 3XL Scrub Bottom Size: S M L XL 2XL 3XL

Emergency contact person _____ Relationship: _____

Emergency contact number(s): _____

Allergies: _____

School name: _____

Circle One: Freshman Sophomore Junior Senior

Please list any extracurricular, community activities, leadership roles, and hobbies: _____

Are you currently interested in pursuing a health care career? If yes, please specify. _____

Do you have previous volunteer experience? _____

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Do you have special skills or hobbies? _____

State briefly your motivation for applying to YHSC. _____

Have you ever participated in another AHEC program? If yes, please specify. _____

Please return this application to:

Area Health Education Center
Midland College
3600 North Garfield
TC-Room 140
Midland, Texas 79705
Fax: 432-686-4833
Email: sdominguez@midland.edu

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