INSTRUCTIONS: Please type or print clearly in black ink. Complete all sections of application. Our early acceptance date is March 1, of current year. We will continue to accept applications until April 1. Return the application to the addresses indicated at the end of the application. In order to complete your packet please: (1) send two letters of recommendation (mailed directly from each person making the recommendation, two must be from science instructors), (2) write an essay on why you want to participate, (3) include a copy of your parents 1040 or 1040A tax forms and, (4) send an official copy of your college transcripts. Official transcripts of all college level course work should be mailed to us directly from your institution. Note: You must be registered to attend college in the fall. Students with at least two semesters in biology and chemistry are highly preferred.

## APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Last Name:</th>
<th>Social Security #:</th>
<th>Date of Birth:</th>
<th>Gender: M / F</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Address</th>
<th>I WILL BE ADDRESS UNTIL <em><strong>/</strong></em>/____</th>
<th>Permanent (Parent's) Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>City:</td>
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<tr>
<td>State:</td>
<td>Zip:</td>
<td>State:</td>
</tr>
<tr>
<td>Area Code:</td>
<td>Phone:</td>
<td>Area Code:</td>
</tr>
</tbody>
</table>

Most frequently utilized e-mail address:

## CITIZENSHIP

What city and state/country are you originally from? ____________________________

Citizenship: ☐ US Citizen ☐ Permanent Resident Alien # ____________________________
☐ Non-Resident Alien

US Citizenship or proof of residency is required (i.e., birth certificate, driver’s license, US passport or immigration card)

## ETHNIC/RACIAL IDENTITY

Please check one

| ☐ 1 = American Indian or Alaska Native | ☐ 5 = Native Hawaiian or other Pacific Islander |
| ☐ 2 = Asian (Specify): | ☐ 6 = White |
| ☐ 3 = Black or African American | ☐ 7 = Unknown |
| ☐ 4 = Hispanic or Latino (Specify): | ☐ 8 = Other (Specify): |

Do you have any Physical Disabilities that necessitates specifically designed instructional materials or programs, modified physical facilities, or related services to enable full participation in and access to the program? ☐ Yes ☐ No

If yes, Specify:

## PROGRAM OF INTEREST

Please select one area of interest.

☐ Behavioral Health ☐ Biomedical Sciences ☐ Clinical Laboratory Sciences ☐ Dentistry
☐ Physical Therapy ☐ Physician Assistant Studies ☐ Speech Pathology & Audiology
### ACADEMIC INFORMATION

Please list all colleges and universities attended.

<table>
<thead>
<tr>
<th>1. Name of Current College/University:</th>
<th>City:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State:</td>
<td>Minor:</td>
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<tr>
<td>Major:</td>
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<tr>
<td>Current Year in School:</td>
<td>FR</td>
<td>SO</td>
</tr>
<tr>
<td>Current GPA (Cumulative):</td>
<td>Current GPA (Science):</td>
<td>Grading Scale (Please Check):</td>
</tr>
<tr>
<td>Have you taken courses in biology or chemistry?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>2. Name of College/University:</th>
<th>City:</th>
<th>Zip Code:</th>
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<tr>
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<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Please list the biology or chemistry courses you have taken and/or are currently enrolled in:

- Biology: ___________
- Chemistry: ___________

### EXTRA CURRICULAR ACTIVITIES

Please list any extracurricular activities you participate in below (sports, hobbies, clubs, etc.):

- ___________

Have you ever participated in a health careers program (i.e. health club, internship/externship, mentoring)? Yes | No
If yes, indicate the program name, sponsor, dates, city, and state below:

### TEST SCORES

Please list scores and attach a copy of your score report to your application.

#### AHPAT

- Have you taken the Allied Health Professions Admissions Test? Yes | No | Date taken? ________ | No Date Planning? ________
- Verbal ________ Quant. ________ Biology ________ Chemistry ________ Reading ________

#### DAT

- Have you taken the Dental Admissions Test (DAT)? Yes | No | Date taken? ________ | No Date Planning? ________
- Academic Avg. ________ PAT Avg. ________ Quant Reason. ________ Reading Comp. ________
- Bio. ________ Inorganic ________ Organic ________ Sci. Avg. ________
- Have you taken a DAT review course? Yes | No | If yes, where? ________

#### GRE

- Have you taken the Graduate Record Examination? Yes | No | Date taken? ________ | No Date Planning? ________
- Verbal ________ Quant. ________ Analytical ________
## PARENT INFORMATION

**Father’s / Guardian’s Name:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Did your father/guardian attend college? □ Yes □ No

*Please check the highest level of degree obtained:*

- □ Associate Degree
- □ Bachelor’s Degree
- □ Master’s Degree
- □ Doctoral Degree
- □ Other ________

Occupation:

Employer:

**Mother’s / Guardian Name**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Did your mother/guardian attend college? □ Yes □ No

*Please check the highest level of degree obtained:*

- □ Associate Degree
- □ Bachelor’s Degree
- □ Master’s Degree
- □ Doctoral Degree
- □ Other ________

Occupation:

Employer:

## FAMILY INFORMATION

How many siblings do you have?

What is their range in age?

Have any of them attended college? □ Yes □ No

If yes, how many?

Have any attended graduate school? □ Yes □ No

If yes, how many?

Do you have any relatives in a health profession? □ Yes □ No

What specific fields?

## FINANCIAL INFORMATION

What is your parents’ combined income as reported in the federal income tax form 1040 or 1040A for last year? *(Please enclose a copy)*

$____________________

If you are an independent student what is your income as reported in the federal income tax form 1040 or 1040A for last year? *(Please enclose a copy)*

$____________________

## HCOP OUTREACH

How did you hear about our program? □ Ad □ Counselor □ Friend □ Website □ Other ________________

Please name the source/person:

Source’s Address:                                                                 City:   State:    Zip:

## REFERENCES

List names and titles of two individuals who will complete your HCOP Recommendation Forms. Applicant must submit at least one academic recommendation (teacher or faculty). Please do not list relatives and friends as references.

<table>
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<tr>
<th>Name</th>
<th>Phone: ( )</th>
<th>Best time to contact:</th>
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</table>
**PERSONAL STATEMENT**

Please provide a short essay in which you introduce yourself. Explain why you want to participate in this program and why we should choose you as a participant. Attach your essay to the application.

**VERIFICATION STATEMENT**

I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in this or future Marquette University Health Careers Opportunity Programs.

________________________________________________________________________

Student Signature __________________________ Date ______________

________________________________________________________________________

Parent/Guardian Signature (If student is under age 18) __________________________ Date ______________

**INFORMATION RELEASE**

To be completed by the student:

I, __________________________________________, am applying for admission to Marquette University Health Careers Opportunity Program. I am aware of the provisions of the Family Educational Rights and Privacy Act and hereby authorize the release of the requested information directly to Marquette University Health Careers Opportunity Program (i.e. transcript, letters of recommendation, etc.). I realize that I may not view some of the information requested, for example, letters of recommendation. I understand that Marquette University will also maintain records of my performance in program activities. I agree to the release of this information to Marquette University staff members and the U.S. Department of Health and Human Services.

________________________________________________________________________

Student Signature __________________________ Date ______________

________________________________________________________________________

Parent / Guardian Signature (If student is under age 18) __________________________ Date ______________

*Marquette University does not discriminate on the basis of race, national origin, gender age, religion or disability.*

Please mail your form directly to the following addresses:

**Marquette University**

**College of Health Sciences**

Health Careers Opportunity Program

P.O. Box 1881

Milwaukee, WI 53201-1881

(414) 288-5505

(414) 288-5987(FAX)

Muhcop@Marquette.edu (e-mail)