

AMHPS 24th Annual Symposium on Career Opportunities in
Biomedical Sciences and Health Professions
Sheraton Hotel – Birmingham, AL
April 16-17, 2010

STUDENT APPLICATION FORM

CONTACT INFORMATION:

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Phone Number 2: (____) _____

Email: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

DEMOGRAPHICS:

Gender: Male Female

Ethnicity: African American/Black

American Indian/Alaska Native Hispanic American/Latino

Asian American/Pacific Islander Multi-racial

Other _____

EDUCATION BACKGROUND:

Name of School/Institution: _____

Grade Point Average: _____ Scale: 4.0 5.0 100%

Have you taken the SAT? No Yes, if yes: SAT Score _____

Have you taken the ACT? No Yes, if yes: ACT Score _____

Level in school: High School: Sophomore Junior Senior

College: Freshman Sophomore Junior Senior

What do you want to study/ what are you currently studying in college?

Specify major: _____

Have you attended the AMHPS Symposium before? No Yes

If yes, which year(s)? 2009 2008 2007 2006 2005 2004

Other (specify): _____

Have you ever participated in the StarLab Summer Program? No Yes

If yes, which year(s)? 2008 2007 2006 2005 2004 2003

Are you a member of a science enrichment program/HCOP? No Yes

Please specify: _____

PLEASE WRITE A 300 WORD ESSAY DESCRIBING HOW ATTENDING THIS SYMPOSIUM WILL BE BENEFICIAL TO YOU IN YOUR FUTURE CAREER PATH IN THE BIOMEDICAL SCIENCES AND HEALTH PROFESSIONS.

EMERGENCY INFORMATION

NAME _____
Last First Middle Initial

HOME ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE : (____) _____ FAX: (____) _____

EMAIL: _____

In case of an emergency please contact/notify the following: **(List two people)**

PRIMARY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ FAX: (____) _____

EMAIL: _____

SECONDARY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ FAX: (____) _____

EMAIL: _____