



**STEM INNOVATION**

Career exploration and skill development for area youth

# Application

## Personal Information (Please print all required information)

|                                                |  |                     |                                      |                         |       |
|------------------------------------------------|--|---------------------|--------------------------------------|-------------------------|-------|
| Last Name:                                     |  | First:              |                                      | MI                      |       |
| Address                                        |  | City                |                                      | State                   | Zip   |
| County                                         |  | DOB: mm / dd / yyyy |                                      | Age by June 30,2018     |       |
| Home#                                          |  | Cell#               |                                      | Best Email to Reach You |       |
| Name of School                                 |  |                     |                                      |                         | Grade |
| Guidance Counselor Name                        |  |                     |                                      | Email/Phone Number      |       |
| Name of Reference                              |  |                     |                                      | Email/Phone Number      |       |
| Guardian Name and Email                        |  |                     | Mother's and Father's Name and Email |                         |       |
| Emergency Contact                              |  | Relationship        | Cell#                                | Work#                   |       |
| Family Doctor                                  |  | Phone #             | Allergies?                           |                         |       |
| Limitations Related to Health or Special Needs |  |                     |                                      |                         |       |

### Please mark an "X" on the programs you are applying for during Summer 2019

- Healthcare Connect Academy: Pre-Medicine Counselor – Summer 2019 (Prerequisite Pre-Medicine Program)
- Healthcare Connect Academy: Pre-Medicine Program w/ Shadow Experience (Ages 16-18)
- Healthcare Connect Academy: High School Medical Excursion Program (Age 15)
- Healthcare Connect Academy: Middle School Healthcare Explorer Program (Age 14)
- Healthcare Connect Academy: Middle School Science and Medicine Discovers Program (Ages 12-13)
- Girls Exploring Forensic Science and Medicine Program (Ages 15-18)
- Girls Exploring Engineering Program (Ages 15-18)
- Engineering and Robotics Program (Ages 15-18)
- New Media Technology Program (Ages 15-18)
- Future Tech Leaders Program w/ 4 Day Shadow Experience (Ages 15-18)
- Environmental Science and Renewable Energy (Ages 15-18)

Please list medical challenges and allergies: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_