

# California State University, Los Angeles

## Level II (College) Summer Intensive Program

Health Careers Opportunity Program (HCOP)

c/o Department of Biology and Microbiology

5151 State University Drive

Los Angeles, CA 90032-8207

---

---

### Application for Admission

#### Application Check List

General Medical Information Form

Consent to Release Information Form

Instructor Recommendation Form

College Transcripts (most recent)

#### PERSONAL INFORMATION

##### NAME:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

##### MAILING ADDRESS:

\_\_\_\_\_

Number & Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

( )

( )

( )

\_\_\_\_\_

Day/Work Phone

\_\_\_\_\_

Evening Phone

\_\_\_\_\_

Pager/Voicemail

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Birthplace (Country & State)

\_\_\_\_\_

Date of Birth (Month Day Year)

Are you a U.S. Citizen?

or a permanent resident of the U.S.?

Alien Registration Number: \_\_\_\_\_

\_\_\_\_\_

Country of citizenship if other than the U.S.



## ESSAY QUESTIONS

1. If you had the chance to have a conversation with anyone; (living or deceased), who would you talk with and what would you talk about?

---

---

---

---

---

2. Name one book you have read completely, give the author's name, and briefly summarize the book.

---

---

---

---

---

3. Tell us about one of your closest friends, at home or at school. What type of person is he/she and why do you think you are friends?

---

---

---

---

---

4. Please list three things you like most about yourself, and three things you like least about yourself.

---

---

---

---

---

5. What extra-curricular activities do you participate in, both in and out of school?

---

---

---

---

---

6. Do you feel your grades in college, so far, accurately reflect your work and your abilities?  
Please explain.

---

---

---

---

---

7. What are your two (2) favorite subjects and why?

---

---

---

---

---

8. What are your two (2) least favorite subjects and why?

---

---

---

---

---



**CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
HEALTH CAREERS OPPORTUNITY PROGRAM**

**GENERAL MEDICAL INFORMATION**

**To be filled out by applicant or, if under 18, student's parents/guardian:**

Please complete the following in order that the doctor and nurse who will be treating you may have as much information as possible in case he/she needs medical help for an illness or injury while attending our program.

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street & Number City State ZIP

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone

Name of Parent or Guardian (or person to be notified in an emergency):

Name: \_\_\_\_\_  
Last First MI

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone

Parent/Guardian Employer: \_\_\_\_\_

Parent/Guardian Occupation: \_\_\_\_\_

Do you have any health insurance?  Yes  No

If yes, name of the insurance plan & telephone number:

\_\_\_\_\_

Do you belong to a clinic?  Yes  No

If yes, name of the clinic & telephone number:

\_\_\_\_\_

Do you have a doctor you wish called in the case of a medical emergency?  Yes  No

If so, name of the doctor & telephone number: \_\_\_\_\_

Present Health:  Excellent  Good  Poor

Past Health:  Excellent  Good  Poor

Has any blood relative had:

Have you ever had:

Tuberculosis:  Yes  No

Tuberculosis:  Yes  No

Diabetes:  Yes  No

Diabetes:  Yes  No

Cancer:  Yes  No

Cancer:  Yes  No

Kidney Trouble  Yes  No

Kidney Trouble  Yes  No

Asthma  Yes  No

Asthma  Yes  No

Are you allergic to any foods or medication? (e.g., aspirin, penicillin, milk, etc?)  Yes  No

If yes, what are you allergic to: \_\_\_\_\_

List any medication(s) that you are presently taking: \_\_\_\_\_

---

Signature of Student

Date

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
HEALTH CAREERS OPPORTUNITY PROGRAM (HCOP)**

**CONSENT TO RELEASE INFORMATION**

**TO: ANY PUBLIC OR PRIVATE MEDICAL, PSYCHOLOGICAL,  
EDUCATIONAL, SOCIAL SERVICES AGENCY OR ORGANIZATION.**

I, the undersigned hereby give authorization to release or obtain college records, and /or pertinent social, medical, and psychological information from your records on \_\_\_\_\_  
to the Health Careers Opportunity Program (HCOP) at California State University, Los Angeles for professional use only.

\_\_\_\_\_  
Signature of Applicant,  
or if under 18, Parent/Guardian

\_\_\_\_\_  
Date

## APPLICANT INFORMATION (Confidential)

The table below provides family income levels used to determine economically disadvantaged students. The figures to determine low income eligibility for purposes of Health Careers Opportunity Program (HCOP) grants are those reported by the U. S. Census Bureau and subject to change in future years.

**Please Circle One:**

**INCOME LEVEL:**

Number of Family Members*	Income per Year**
1	\$ 10,700
2	13,900
3	16,500
4	21,200
5	25,000
6 OR MORE	28,100

\* Number of Family Members - Includes only dependents listed on Federal Income Tax forms

\*\* Income Level - Adjusted gross income for calendar year 1998

***Please attach a copy of your 1040 Income Tax Form for the previous year.***

**Parents Education:**

Father: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4  
 Mother: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Language spoken at home: English\_\_\_\_\_ Spanish\_\_\_\_\_ Both\_\_\_\_\_ Other\_\_\_\_\_

**Family Information:**

Brother/Sister/Child's Name	Age	Do they live with you?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ETHNICITY:**

American Indian/Alaskan Native       Hispanic \_\_\_\_\_       African American  
 Asian/Pacific Islander       Caucasian       Other: \_\_\_\_\_

I certify that all the information in this application is correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

