



Health Careers Program

Health Careers Academy (HCA)

Enrollment Form

Your 8 digit participant identification number is made up of: 2 digits of your birth month (01-12), 2 digits of your birth day (01- 31), and the last four digits of your Social Security Number.

Example: The Participant ID for someone born 11/21/1989 with the SSN 123-45-6666 would be: 11/21/6666

Participant ID _____/_____/_____

First Name: _____ **MI:** _____ **Last Name:** _____

Permanent Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Date of Birth:** ____/____/____

Home Phone: _____ **Student Cell Phone:** _____

Email: _____

Can AHEC contact you at the above address, phone numbers, or email address? Yes No

Your Primary Language? English _____ Other _____

Gender: Female Male
 Decline to Self-Identify

Race (check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity: Hispanic Non-Hispanic or Latino

Neighborhood Type:

- Rural Suburban Urban

Middle & High School Students:	
School: _____	
City: _____	State: _____ County: _____
Grade Level: __ 8 __ 9 __ 10 __ 11 __ 12 Grad Year: _____	
Career Interest: _____	
Guidance Counselor's Name: _____	
Do you receive free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	

College Students Only:	
College: _____	
City: _____	State: _____ County: _____
Classification: _____ Grad Date: _____	
Career Interest: _____	
High School: _____	
City: _____	State: _____ Grad Year: _____

My signature authorizes South Carolina AHEC and the regional AHEC Centers (Lowcountry AHEC, Mid-Carolina AHEC, Pee Dee AHEC, and Upstate AHEC) to release information from this application and letters of reference as they may deem appropriate. Additionally, I grant South Carolina AHEC and the regional AHEC Centers permission to use my/my child's personally identifiable information for the purposes of federal, state or grant related tracking to report programmatic outcomes. I also give my explicit permission for the South Carolina AHEC and the regional AHEC Centers to use my/my child's image and statements. Uses include, but are not limited to: photography, videotape, organizational website, or print media.

Student/Parent or Guardian (If under 18) Signature: _____ **Date:** _____

Parent or Guardian Name: _____ **Email:** _____

(Please Print)