The purpose of Health Careers Opportunity Program (HCOP) is to increase the number of individuals from educationally or economically disadvantaged backgrounds who enter the health and allied health professions program. Through an educational pipeline program, HCOP provides the support necessary to compete, enter, and graduate from health or allied health professions schools. This year-long program provides activities for disadvantaged students through formal academic and research training and programming, and student enhancement services.

The Fall session of HCOP will consist of 20 sessions that will all take place on various Saturdays from September 2014 to May 2015. A minimum of 80% attendance (16 sessions) is required for each student. Students should plan to attend the whole day. Saturday sessions are as follows:

- September 6th, 13th, and 27th
- October 4th and 18th
- November 1st and 15th
- December 6th and 13th
- January 10th, 24th, and 31st
- February 7th and 21st
- March 7th and 21st
- April 11th and 25th
- May 2nd and 16th

The HCOP Summer Program will be June 8th through July 17th. It will be Monday through Friday from 8am to 4pm. Students are not allowed to miss more than 4 days during the Summer Session.

Beginning the 2014-2015 academic year, we will have mandatory interviews with students at Volker Hall. Interviews will be held from July 28th through August 8th. You will be contacted via email with the date and time of your child’s interview.
University of Alabama School of Medicine
Health Careers Opportunity Program
Information Requested Must Be Returned With Application

Name

_____________________________________________________________________________________

_____________________________________________________________________________________

Last                                                                      First

Middle

Date of birth____________________ Age____________________ Male _______ Female__________

Mailing Address

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Emergency Contact
Name:________________________________________

Home # __________________________

Work # __________________________

Cell #(___)______________________

Phone # (___)___________________

Email Address:_________________________________

Social Security # _______________________________

Education
School currently attending

_____________________________________________________________________________________

_____________________________________________________________________________________

School

Overall GPA

_____________________________________________________________________________________

Expected High School Graduation Date

Check current status:
Sixth grade ______________  Seventh grade________________  Eighth grade________________
Freshman _________ Sophomore _________ Junior___________ Senior______________

Please indicate your predominant ethnic background: Black/ African American _____ Hispanic ________

Native American/Alaskan Native________________________ Other (please Specify):__________________
List academic honors

1. _________________________________________________________________________________
2. _________________________________________________________________________________

Activities

List extracurricular and community activities (excluding jobs)
_______________________________________  ____________________________
_______________________________________  ____________________________

List summer jobs or volunteer experiences within the past year

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates of employment</th>
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ACT/SAT Examination

Have you taken the ACT/SAT examination? Yes _______ No _________ If yes, what were your scores?

_____ English Test
_____ Mathematics Test
_____ Science Test
_____ Reading Test
_____ Writing Test

Are you scheduled to take it? Yes _____________ No _____________ If yes, date________________

T-shirt size (youth) _________  T-shirt size (adult) _________
PARENTS/GUARDIAN PERMISSION FORM

Parents/Guardians please carefully read the following statements and sign in the spaces provided below. Please note that your child will not be able to participate in the program without signed consent. I certify that I, ________________________________, am the legal guardian of _______________________________ and do hereby give him/her permission to participate in UASOM HCOP.

In consideration of my child’s participation in this program, I do hereby agree on his/her behalf and mine to hold free, waive, release and forever discharge the University of Alabama School of Medicine and its respective officers, executives, staff administration, consultants and representatives from any and all liabilities, actions, debts, claims and demands of whatsoever kind and nature that may arise out of or in connection with my child’s participation in and transportation to or from events relating to the program. I also understand that I am responsible for the actions and conduct of my child during this program. In the event of illness or injury to the above named child in connection with his/her participation in the UASOM HCOP, I ask the administrators to arrange for any emergency medical care they consider appropriate. As his/her guardian, I give my permission to any employee or volunteer of the UASOM HCOP to exercise my right to consent to such emergency medical treatment. I understand that if time permits, the UASOM HCOP will attempt to contact me, but can arrange for emergency care if I cannot be reached. I also understand that in the event of a need for medical attention, my medical insurance will be used for payment and that I will be financially responsible for any fees not covered by insurance. I also hereby authorize the UASOM HCOP to photograph and videotape my child(ren) for the purposes of public information and/or promotion of the program. I understand these images can and will appear in publications published by the program or published in local print media or on television stations.

________________________________________  __________________________
Parent Signature /Guardian                  Date