

**Yes2Kollege Minority Health Professions Mentor Program (MHPMP)
Conference Student Application 2014**

(Please have parent/guardian help complete and give to Corp Member)

ID# _____

School: _____ **Grade:** _____

Print Name: _____ Birthdate ___/___/___ Age: _____

Address: _____ City _____ Zip _____ Home Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent Email Address: _____

Home Room Teacher: _____ Phone: _____

Ethnic Background: _____ GPA: _____

What school subject(s) or activity(s) keeps you coming back every day? _____

What subject(s) are you *not* so interested in? _____

Have you taken any subjects to help prepare you for a medical career? (i.e. science, biology) () yes () no
Which subjects: _____

What medical profession(s) are you interested in? _____

What would you like to know about the medical profession(s) you are interested in? _____

Would you like to go to college after high school? () yes () no () not sure

Has your family discussed the possibility of your going to college? () yes () no

Do you see any obstacles to your committing to the 6 month Minority Health Professions Mentor Programs requirements? (i.e. book report, class presentation, job shadow, college tour. Learn more about these at the Conference) _____

Have you participated in any educational/college preparation programs, like: () AVID () MESA () PIQE () other/ program name: _____ () not sure

Are you receiving tutoring in any subjects? () yes () no Subjects: _____

What are you most proud about yourself? (bragging permitted) _____