Please send the following documents to the address below:

___ If you applied for or currently receive financial aid, send a copy of completed Free Application for Student Aid (FAFSA) or Student Aid Report (SAR). (To be turned in March 2016)

___ A copy of your most recent transcript (unofficial or official accepted)

___ Send 1 letter of recommendation (student or recommender may send it in)

___ Complete, proofread, and include your personal statement.

Attn: HCOP Admissions
UCSF Fresno Latino Center
550 E. Shaw Ave. Ste. 210
Fresno, California 93710-7702

Deadline December 11, 2015
1. STUDENT INFORMATION

Academic Enrollment Year 2016-17

Name: ___________________________________________ Male _____ Female _____

Address: ______________________________________ City: _________________ Zip code: _______

Home phone #: ___________________________ Cell phone # : ___________________________

Email address: _______________________________________________________________________

Date of birth (mo/day/year): _________________ Social security #: ___________________________ Last 4 digits only

Ethnicity:

___ African-American  ___ American Indian  ___ Caucasian  ___ Latino
___ Asian
   □ Chinese  □ Japanese  □ Korean  □ Cambodian  □ Hmong
   □ Laotian  □ Thailand  □ Philippine Islands  □ Vietnamese  □ Asian Indian

___ Native Hawaiian or Other Pacific Islander  ___ Other (Please specify) ___________________________
2. EDUCATIONAL INFORMATION

Please check your student status:  High School Senior student_______

High school attending:_________________________________________ Graduation date:________

Fresno State Student ID number (if known):________________________

What is your intended major? __________________________________ Unknown:_______

What is your current overall GPA?_______________

Please select your career interest:

____Medicine   ____Dentistry         ___Pharmacy ____Other: please specify________________________

____Public Health   _____Physical Therapy ___Nursing   ____Physician Assistant   ____Psychology

____Dietetics and Nutrition

List the names of all the high schools and colleges (college credit courses) you have attended.

<table>
<thead>
<tr>
<th>School Name, City, State</th>
<th>Dates Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
3. PARENT/GUARDIAN INFORMATION

Father’s name: ___________________________________________ Work phone #__________________
Father’s occupation: ___________________
Address: _____________________________________________ City: _________________ Zip code:_______

Mother’s name: _____________________________________________ Work phone #__________________
Mother’s occupation: ___________________
Address: _____________________________________________ City: _________________ Zip code:_______

If applicable:
Legal Guardian’s Name: __________________________________________ Work phone #__________________
Legal Guardian’s Occupation: ___________________
Address: _____________________________________________ City: _________________ Zip code:_______

With whom did you live with and receive financial support from when you were a minor?
_____ Both parents ______________________ Legal guardian
_____ Mother ______________________ Other: __________________________________________
_____ Father

Please check the highest level of education completed by:

<table>
<thead>
<tr>
<th>Mother or Guardian</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ Did not finish high school</td>
<td>______ Did not finish high school</td>
</tr>
<tr>
<td>______ Some college</td>
<td>______ Some college</td>
</tr>
<tr>
<td>______ BA/BS Degree</td>
<td>______ BA/BS Degree</td>
</tr>
<tr>
<td>______ Doctorate Degree</td>
<td>______ Doctorate Degree</td>
</tr>
<tr>
<td>______ High school graduate</td>
<td>______ AA/AS Degree</td>
</tr>
<tr>
<td>______ Master’s Degree</td>
<td>______ Master’s Degree</td>
</tr>
</tbody>
</table>

Are you currently eligible to receive financial aid?  ____ Yes  ____ No  ____ Not sure

If yes, please attach a copy of the completed Free Application for Student Aid (FAFSA) 2015 OR Student Aid Report (SAR).

- Language most frequently spoken at home: ________________________________
- Preferred language for written materials: ________________________________
### 4. SUBJECT LEVEL

Please list the highest level you have taken in each subject and the grade you received.

**Course Name** (e.g. trigonometry, AP Chemistry, Chemistry, etc...)  **First sem. grade/second sem. grade**

<table>
<thead>
<tr>
<th>Course Name</th>
<th>First sem. grade</th>
<th>Second sem. grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
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<tr>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other science</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. HEALTH PROFESSIONS PREPARATION PROGRAM

Have you ever been enrolled in a health professions preparation program at your high school /college (e.g. Doctors Academy, McLane Medical Magnet, Duncan Polytechnical, VROP, etc.)?  ____Yes  ____No (Skip to next section)

**Name of program**  **Years**

<table>
<thead>
<tr>
<th>Name of program</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9th 10th 11th 12th</td>
</tr>
</tbody>
</table>

### 6. APPLICANT CERTIFICATION

I certify that the information set forth in this application is accurate to the best of my knowledge and that any accompanying examples of my work represent my own original effort.

**Student signature:** _____________________________ **Date___________________**

I certify that I have read all contents in this application (a parent or guardian signature is required if student is under 18 years of age).

**Parent signature:** _______________________________ **Date__________________**
7. LETTER OF RECOMMENDATION

Ask one evaluator to complete the following letter of recommendation form and submit to you in a sealed envelope. Include this sealed letter with your application. Evaluator must be a Math, Science, or English instructor, high school counselor. Evaluators cannot be friends, relatives, employers, or mentors.

UCSF Fresno Health Careers Opportunity Program
LETTER OF RECOMMENDATION

To Evaluator: The letter of recommendation is a valued part of the admission process. Please provide your evaluation of the candidate’s abilities below per each category.

Applicant’s Name__________________________________________________________

<table>
<thead>
<tr>
<th>Please evaluate the applicant with respect to each category below</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation and effort</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study habits</td>
<td></td>
<td></td>
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<tr>
<td>Ability to interact with others</td>
<td></td>
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<tr>
<td>Academic ability</td>
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<tr>
<td>Imagination and creativity</td>
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<td></td>
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<tr>
<td>Organization skills</td>
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</tr>
</tbody>
</table>

1. How long have you known the applicant and in what capacity?
2. In your opinion, what are the applicant’s outstanding attributes?

3. Please give your personal impressions of the applicant’s intellectual ability and aptitude to pursue a health or medical career?

4. Please provide any other information that would help us in our consideration of this applicant.

Evaluator’s Name: ____________________________________________
Title/Position: ______________________________________________
Signature: ___________________________________________ Date: _________
Please seal this recommendation letter in an envelope and give to the student to include with the completed application **on or prior to the application deadline December 11, 2015**.
Which health/medical profession are you the most interested in pursuing? Describe your reasons for pursuing this profession and describe the people and/or experiences that have shaped your goals.