

**Loyola University Chicago  
Stritch School of Medicine  
Health Professions Recruitment and Exposure Program  
2013 APPLICATION FORM**

Please type or print legibly in black or blue ink.

<b>STUDENT INFORMATION</b>						
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>DOB (mm/dd/yyyy)</b>	<b>Grade</b> <input type="checkbox"/> 10th <input type="checkbox"/> 11th	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Age</b>
<b>Home Address (Include APT number)</b>			<b>City, State</b>	<b>Zip Code</b>	<b>(Area) Phone Number</b>	
How would you describe yourself? <input type="checkbox"/> Black / African American <input type="checkbox"/> West Indian <input type="checkbox"/> Mainland Puerto Rican <input type="checkbox"/> Other Hispanic (please specify) <input type="checkbox"/> Mexican American <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Native American				<b>Email Address</b>		
				<b>What is your native language?</b>		
<b>Have you previously applied to the HPREP program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>SCHOOL INFORMATION</b>						
<b>School Name (Please Print the Official Name)</b>						
<b>School Address</b>		<b>City, State</b>		<b>Zip Code</b>		
<b>Honors received during high school:</b> _____ _____						
<b>Describe your involvement in extracurricular, community, or school activities:</b> _____ _____						
<b>If employed while in school, describe the type of work and the approximate hours you work per week.</b> _____						
<b>Do you participate in the school lunch program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>FUTURE PLANS / GOALS</b>						
What do you plan to do after you finish high school? <input type="checkbox"/> Attend College <input type="checkbox"/> Work <input type="checkbox"/> Undecided <input type="checkbox"/> Other (please specify) _____						
<b>ESSAYS</b>						
Write two 250 – 500 word essays, one essay on EACH topic listed below. All essays must be typed and enclosed with the application. Put your name on your essays. Topic 1: In essay format, answer the following questions: Why are you applying to HPREP? What are your future goals and how do you think HPREP will help you in your future endeavors. <b>AND</b> Topic 2: See Instruction Sheet for topics						
<b>DECLARATION</b>						
TO APPLICANT: Please read carefully and sign this statement. I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any false information given will disqualify me from participation in the program. Also, I am aware that I must submit an official copy of my school transcript and meet the requirements listed on the instruction sheet (please see reverse side). I understand that attendance is required for all six (6) sessions, beginning at 9:00 A.M., in order to complete the program.						
Applicant Signature _____				Date _____		
TO PARENT OR LEGAL GUARDIAN: Please read carefully and sign this statement. I, _____ grant my permission for the above named minor to apply to the HPREP Program, which consists of six Saturday sessions from 9:00AM-12:30PM. I understand attendance is required for all sessions for completion of the program, should he/she be accepted.						
Guardian Signature _____				Date _____		