

Creighton UNIVERSITY

Health Sciences - Multicultural
and Community Affairs



Creighton University

***Pipeline to Success* – Health Careers Opportunity Program (HCOP)**

Student Application

PLEASE NOTE: Print in blue or black ink. Please submit application, verification of family income, personal statement, official transcript, and recommendation letter from school counselor (in a separate sealed envelope) and mail to the address listed below. If your application is approved, you will be contacted to schedule an interview for admission to the program via email with interview date, time and directions. Incomplete applications will not be considered.

Last Name

First Name

Middle Name

Mailing Address (Include apartment or P.O. Box number, if applicable)

City

State

Zip Code

Email Address

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Grant Number: D18HP32118, Health Careers Opportunity Program with an award totaling \$3,072,028. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Phone Number (DOB) Birth Place Grade Level

Are you a U.S. Citizen or permanent resident of the U.S.? Yes _____ No _____

Ethnicity:

_____ Hispanic/Latino _____ Non-Hispanic/Latino

Race:

_____ American Indian or Alaska Native _____ Black or African American
_____ Native Hawaiian or Pacific Islander _____ White
_____ Asian _____ More Than One Race

Sex (M/F) Height Weight T-shirt Size

Parent(s)/Guardian Name Parent(s)/Guardian Phone Number

Taxable Family Income: _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT TAX RETURN OR STATEMENT OF BENEFITS

Number of family members living in your home including yourself: _____

Does your MOTHER/GUARDIAN have a high school diploma/4-year college degree?

Yes _____ No _____ If so, which one? _____

Does your FATHER/GUARDIAN have a high school diploma/4-year college degree?

Yes _____ No _____ If so, which one? _____

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Please list extracurricular activities and special skills:

- 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

High School/College Proposed Year of Graduation Current GPA

Address (High School/College) City State School Telephone

Which science courses have you taken or are you currently taking?

What medical and/or health career(s) are you interested in pursuing?

I am applying for the following *Pipeline to Success* Health Careers Opportunity Program (HCOP) Session (select one):

- Health Careers Ambassador Program Session
- Health Careers Structured Summer Program Session

Student Signature _____ Date _____

Parent(s)/Guardian Signature (if under 18) _____ Date _____

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***Pipeline to Success* - Health Careers Opportunity Program**
Hixson-Lied Science Building, Suite G-13
2500 California Plaza
Omaha, NE 68178

For any questions, please contact: 402.280.4112

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