

HEALTH CAREERS PROGRAM REGISTRATION FORM



TO REGISTER:

- Fax completed form to: 828.257.4768
- Email completed form to: registration@mahec.net
- Mail completed form to 501 Biltmore Avenue, Asheville NC 28801
- Questions? Contact the Health Careers Department at 828.257.4461 or healthcareers@mahec.net

Need-based scholarships available - Scholarship request form on 2nd Page.

I am registering for:		WORKSHOP / CAMP / CONFERENCE TITLE	HCSETS#	FEE
	Sept 2, 2010	College Admissions Strategies	3168	Free
	Sept 16, 2010	College Planning: Real Solutions and Strategies for Everyone	2595	Free
	Sept 28, 2010	Health Careers Education Awareness Conference	2597	Free
	Oct 14, 2010	How to Research Colleges	3169	Free
	Oct 21, 2010	"ÉXITO ESCOLAR" "Taller de "Éxito Escolar" y "Enfoque de Carreras"	3167	Free
	Oct 23-24, 2010	SAT Prep Strategies Course Workshop (Max. capacity = 35)	2598	\$65
	Nov 4, 2010	How to Study & College Scholarships	2599	Free
	Nov 10, 2010	Financial Aid for College	2600	Free
	January 2011	Financial Aid for College	TBD	Free
	Feb 12-13, 2011	SAT Prep Strategies Course Workshop (Max. capacity = 35)	3170	\$65
	Feb 24, 2011	College Admissions Strategies	3171	Free
	March 10, 2011	How to Study & College Scholarships Session	3173	Free
	March 2011	College Planning: Real Solutions and Strategies for Everyone	TBD	Free
	March 22, 2011	How to Research Colleges	3172	Free
	April 2011	Going to College Without Going Broke	3174	Free
Separate Application	May 2011	Future Leaders in Healthcare Conference	3175	\$75
Separate Application	June 19-25, 2011	MAHEC/WCU Health Careers Summer Camp	3176	\$100
	September 2011	College Planning: Real Solutions and Strategies for Everyone	TBD	Free
	Sept 27, 2011	Health Careers Education Awareness Conference	TBD	Free
	Oct 22-23, 2011	SAT Prep Strategies Course Workshop (Max. capacity = 35)	3178	\$65
	Nov 10, 2011	How to Study & College Scholarships Session	3177	Free
	November 2011	Financial Aid for College	TBD	Free

STUDENT REGISTRATION INFORMATION:

First Name

MI

Last Name

Suffix

Social Security # [Last 4 Digits Only]

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RACE/ETHNICITY (For Federal Reporting Purposes Only):

- | | |
|--------------------------------------|----------------------------|
| ___ American Indian/Alaska Native | ___ Hispanic/Latino |
| ___ Native Hawaiian/Pacific Islander | ___ Black/African-American |
| ___ Asian [specify]: _____ | ___ White/Caucasian |
| ___ More than one race _____ | |

Birthdate: ____ / ____ / ____ **Male** _____ **Female** _____

Name of School	Current Grade	Expected Graduation Year
		Free or reduced lunch: Yes No

Health Career Interest [Be as specific as possible]
Mailing Address:

Home P.O. Box or Street Address City State Zip Home County

Contact Information:

[] Home Phone [] Email

Parent's/Guardian's Name Relationship Work Phone Cell Phone

Parent's/Guardian's Name Relationship Work Phone Cell Phone

PAYMENT OPTIONS:

Check attached *Make check or money order payable to Mountain AHEC - health careers dept*

MasterCard Visa American Express Discover Amount \$ _____

Card # _____ Expiration Date _____

Print Name as it Appears on Card Authorized Signature

NOTE: You do not need to fill out the section below unless you are applying for a scholarship

SCHOLARSHIP REQUEST

PARENT OR GUARDIAN INFORMATION:

I would like for (student name) _____ to attend the (name of program) _____ and we request financial assistance in the amount of \$_____.

Number of people living in household, including this child:

____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ (more)

Average annual income level for the household (please circle one):

- | | | |
|---------------------|---------------------|---------------------|
| \$0 - \$9,999 | \$40,000 - \$49,999 | \$80,000 - \$89,999 |
| \$10,000 - \$19,999 | \$50,000 - \$59,999 | \$90,000 - \$99,999 |
| \$20,000 - \$29,999 | \$60,000 - \$69,999 | \$100,000+ |
| \$30,000 - \$39,999 | \$70,000 - \$79,999 | |

Please advise us of any problems, concerns or circumstances that the scholarship team should be aware of in order to make a decision regarding providing assistance for the student (i.e., if the student does not receive assistance, they will not be able to attend, more than one child attending course, etc.). We want all students to have access to this opportunity regardless of economic status. Comments:

Please print parent name: _____

Parent Signature: _____ Date: _____