

Health Careers Program

HCA PARTICIPANT ENROLLMENT FORM

Your 8 digit Participant Identification number is made up of: 2 digits of your birth month (01-12), 2 digits of your birth day (01- 31), and the last four digits of your Social Security Number.
This identifier protects your personal information in our database and allows us to provide you credit for this course.

Example: The **Participant ID** for someone born 11/21/1989 with the SSN 123-45-6666 would be: 11/21/6666

Participant ID ____ / ____ / ____

First Name: _____

Middle Name: _____

Last Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

County: _____

This is my permanent address? ☐ Yes ☐ No

Home Phone: _____

Student Cell Phone: _____

Email: _____

It is OK for AHEC to contact me at the above addresses or phone numbers. ☐

Date of Birth: ____/____/____

Your Primary Language?

☐ English

☐ Other

Ethnicity?

☐ Hispanic/Latino

☐ Other

Race (check as many as apply)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Gender:

☐ Male

☐ Female

Neighborhood Type:

☐ Rural

☐ Suburban

☐ Urban

Anticipated High School Grad Date: ____/____/____

Grade Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

High School: _____

High School Mailing Address:

City: _____

State: _____

Zip: _____

Do you receive a free or reduced price lunch? ☐ Yes ☐ No

Guidance Counselor's Name: _____

Career Interest: _____

My signature authorizes South Carolina AHEC and the regional AHEC Centers (Lowcountry AHEC, Mid-Carolina AHEC, Pee Dee AHEC, and Upstate AHEC) to release information from this application and letters of reference as they may deem appropriate. Additionally, I grant South Carolina AHEC and the regional AHEC Centers permission to use my/my child's personally identifiable information for the purposes of federal, state or grant related tracking to report programmatic outcomes. I also give my explicit permission for the South Carolina AHEC and the regional AHEC Centers to use my/my child's image and statements. Uses include, but are not limited to: photography, videotape, organizational web site, or print media.

Parent/Guardian Signature: _____ **Date:** _____

Name: (Please Print): _____ **Email:** _____