

Summer Health Professions Education Program

SHPEP ID: _____ 2022 Entering Class Date _____
Date Submitted: _____ Printed: _____

Identification

Legal Name

Salutation	First	Middle	Last	Suffix

Contact Information

Preferred Contact Information

Country _____ **Email** _____
Address _____ **Daytime Phone Number** _____
_____ **Evening Phone Number** _____
_____ **Fax Number** _____
County _____ **Cell Phone Number** _____
_____ **Alternative Email** _____

Permanent Contact Information

Country _____ **Email** _____
Address _____ **Daytime Phone Number** _____
_____ **Evening Phone Number** _____
_____ **Fax Number** _____
County _____ **Cell Phone Number** _____
_____ **Alternative Email** _____

Biographic Information

Parent/Guardian Information

Name	Occupation	Highest Education Level	Living?

Personal Information

Date of Birth	Birthplace City	Birthplace County	Birthplace State	Birthplace Country
Legal Residence County	Legal Residence State	Citizenship	Sex	Gender
Number of Dependents	Ethnic Self-Description	Racial Self-Description		

Demographic Information

Community of residence had limited access to or low quality health services

Required to contribute to the overall family income

Immediate family ever used federal or state assistance programs

Number (including self) who lived in primary household during the majority of life from birth to age 18

Received free or reduced price lunch in high school

How was your post-secondary education supported

Received federal Pell Grant

Are there any challenges or hardships that influenced your journey to a health professions career to this point that you would like to discuss in more detail?

More details about challenges or hardships

Education

High School Information

Secondary School Name			Graduation Year
City	State	County	Country

Post-Secondary Information

Post Secondary Institution/Program Name # 1

Dates of Attendance

Program Level

City

State

Country

Major

Minor

Overall GPA

Post Secondary Institution/Program Name # 2

Dates of Attendance

Program Level

City

State

Country

Major

Minor

Overall GPA

Other Certification Information

Institutional Action

Explanation

Reference

Name	Title/Position	Department	Institution Name	Relationship to Applicant
Legal Country	State	County	Phone Number	Email

Post Secondary Experiences / Honors

Experience #1

Experience Name/Title	Experience Type	Dates	Average Hours per Week
Organization Name	Contact Name	Contact Title	Contact E-mail
Contact City	Contact State	Contact Country	Contact Daytime Phone Number
Experience Description			

Experience #2

Experience Name/Title	Experience Type	Dates	Average Hours per Week
Organization Name	Contact Name	Contact Title	Contact E-mail
Contact City	Contact State	Contact Country	Contact Daytime Phone Number
Experience Description			

Essay



Designated Sites

Designated Program Sites

