



Reach One Each One Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Education

High School: _____ Address: _____
 City/State _____ Zip Code: _____

Phone: _____ Email _____

Please list two emergency contacts:

Full Name: _____ Relationship: _____
 Work Phone: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Work Phone: _____ Phone: _____
 Address: _____

Demographics

Age: _____ **Gender:** Male / Female **Current Grade Level:** Senior/Junior/Sophomore/Freshman
Race/Ethnicity: African American/Hispanic or Latino American/Asian/Native American/Caucasian/Other (select one)

Essay

Please attach an essay describing why you would like to participate in the Reach One Each One program. Include a description of your interest in healthcare, your goals after graduation, and how this program can help you succeed.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



SURVEY AND FOLLOW UP PERMISSION FORM

REACH ONE EACH ONE

I understand that the _____ may administer, or be permitted to administer, anonymous surveys that require parental permission. I understand that as the parent or legal guardian of this student, I may review any of the survey instruments and determine the appropriateness of the survey in relation to my student. I can remove my student from the survey administration. In addition, I understand that this program is designed to encourage high students to attend college and pursue the career endeavors. Thus, it is important for the program administrators to understand the student participants academic and career choice after high school as well as their graduation status. Consequently, I give the ROEO Program Administrators permission to follow up with their respective high school after the spring semester after graduation to inquire and request this information.

Printed name of student: _____

High School: _____

Printed name of parent/legal guardian: _____

___ I give my approval to administer anonymous surveys to my child this during the ROEO program. I understand that I may review the survey to be given, and I may remove my child at that time if I wish. I further understand that I may revoke this permission at any time.

___ I do not give my approval to administer any anonymous surveys to my child during the ROEO program.

Signature of parent/legal guardian: _____

Date: _____