



**Club MED (Medical Education and Development)
Program Application**

*A program of East Central Missouri AHEC
3115 South Grand Blvd., Suite 313
St. Louis, MO 63118
314-772-9979-Phone
314-772-9982 – Fax
ecmoahec@ecmoahec.org – Email address
www.ecmoahec.org Website*

◆ Only complete applications will be accepted please fill out all sections.

Please type or print legibly in ink all responses below.

Last Name	First Name(Preferred Name)	Middle Initial	Social Security Number
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Birth Date (Month/Day/Year)	Home Phone Number (Including Area Code)	Cell Phone Number (Including Area Code)
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Street Address	PO Box/Rural Route	Personal Email Address
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City	State	County	Zip Code
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Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: (optional) Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: Check one or more (optional) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Other _____
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Name of School Currently Attending	Current Grade in School	Expected Date of Graduation
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School Address	City	State
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County	Zip Code	Phone (Including Area Code)
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PLAN/ACT, PSAT/SAT or Aptitude Test Score

School Counselor's Name

Do you have a health career interest? Yes/No (Circle One) If yes, what is it? (Check one of the professions below):

- () Medical Doctor () Nurse () Occupational Therapist () Physical Therapist () Dentist
() Other (write it in the space below):
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Please have your parent(s) or guardian(s) or the adult in your life complete the section below:

1st Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone (optional)

Occupation Employer

Relationship to Student Highest level of education completed: Ethnicity: (Optional) Hispanic/Latino Yes No

- Mother
 Father
 Guardian
 Step-Parent
 Other _____

- High School/GED
 Professional/Technical School (1-2 yrs)
 Some college (degree not obtained)
 College (Associates degree)
 College (Bachelors degree)
 Graduate School
 Other _____

- Race: Check one or more** (Optional)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Caucasian (White)
 Other _____
-

2nd Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone (optional)

Occupation Employer

Relationship to Student Highest level of education completed: Ethnicity: (Optional) Hispanic/Latino Yes No

- Mother
 Father
 Guardian
 Step-Parent
 Other _____

- High School/GED
 Professional/Technical School (1-2 yrs)
 Some college (degree not obtained)
 College (Associates degree)
 College (Bachelors degree)
 Graduate School
 Other _____

- Race: Check one or more** (Optional)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Caucasian (White)
 Other _____
-

Total Annual Household Income:

(for the household in which the applicant resides)

- Less than \$15,000 \$25,001-\$30,000 \$40,001-\$50,000

This form may be copied to produce more blank applications