



LOMA LINDA UNIVERSITY  
Community-Academic Partners in Service

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**\*\*Please read all questions carefully and answer each question to the best of your ability\*\***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Are you currently in a health careers pathway/academy at your school?

Yes  
No

2. How did you learn about this opportunity?

Counselor  
Teacher  
Flyer  
Knew someone who attended previously  
\_\_\_\_\_

3. What careers are you interested in pursuing?  
\_\_\_\_\_

4. What *health career* are you most interested in?  
\_\_\_\_\_

5. Have you met with your guidance counselor to discuss your plans following high school?

Yes  
No

6. Have you started looking into college programs?

Yes  
No

7. Have you visited another college/university campus to learn about the programs they offer?

Yes  
If yes what college/university:  
\_\_\_\_\_

No

8. Have you taken the PSAT?

Yes  
No

No, but I will take it this year  
I don't know what that is

## My Campus: Minority Youth in the Health Professions Application

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9. Have you taken the SAT or ACT?

Yes

No

No, but I will take it this year

10. List all the ways you know of to pay for college:

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11. Do you have someone you can talk to about your plans following high school?

Yes

If yes who?

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No

12. Are you interested in having someone to talk to about your plans following high school?

Yes

No

13. Are you interested in summer opportunities where you can learn more about different health professions?

Yes

No

In 100 words or more discuss what you hope to gain from this program and how attending this program will help you in planning for your future. (You can use the back if you run out of space)

**\*APPLICATIONS CAN BE E-MAILED TO [LLUIPELINES@LLU.EDU](mailto:LLUIPELINES@LLU.EDU) OR FAXED TO (909) 558-7145\***

# My Campus: Minority Youth in the Health Professions Application

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## **My Campus** *Quarterly Event*

### INFORMED CONSENT

I acknowledge that I have been properly informed of the nature and content of this program. I have received both verbal and written information. I have been given the opportunity to ask questions and they have been answered to my satisfaction. I understand that participation in the My Campus Quarterly Event is entirely voluntary. I also understand that in the unlikely event (I am /my child is) involved in an accident or incur(s) an injury while attending the My Campus Quarterly Event, Loma Linda University will not be held liable. I hereby give permission for images of (myself /my child), captured during this event through video, photo and digital camera, to be used solely for the purposes of My Campus promotional material and publications, and waive any rights of compensation or ownership thereto. My signature below confirms that I understand and agree with the contents of this form.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date