



WE MAKE LIVES BETTER

UT HEALTH SCIENCE CENTER[®]

SAN ANTONIO



Please return this form and your personal essay and application fee to:

BEAT

UT Health Science Center San Antonio

7703 Floyd Curl Dr., MSC 7833, San Antonio, TX 78229-3900.

Complete applications must be received by June 10, 2013

APPLICATION		
SECTION A: PERSONAL INFORMATION		
Name: (First)	(Middle)	(Last)
Date of birth:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home phone: ()	Cell phone: ()	
Mailing address:		
City:	State:	ZIP Code:
Student E-mail Address:		
SECTION B: FAMILY INFORMATION		
Mother's/ Guardian's Name:		E-mail:
Address:		Phone:
City:	State:	ZIP Code:
Level of Education:		
<input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Master's Degree		<input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Professional
Father's/ Guardian's Name:		E-mail:
Address:		Phone:
City:	State:	ZIP Code:
Level of Education:		
<input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Master's Degree		<input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Professional
SECTION C: ACADEMIC INFORMATION		
Current School Attending:		
Grade Level in Fall 2013:		
School and Community Activities/Clubs/Leadership Positions:		

SECTION D: ESSAY

Student Essay: Your essay should NOT exceed one, double spaced page. Describe yourself and discuss EACH of the following as part of your essay. You are NOT limited to these areas.

1. Your passion for science and for learning
2. Expectations from this program and your plans for the future

Grade Transcripts: Include a copy of your current high school transcript.

SECTION E: SIGNATURES

Consent to Release Information Record

Pursuant to the Family Education Rights and the Privacy Act of 1974, which requires written consent for the release of information outside of school, BEAT Academy respectfully seeks the right to request the release of any or all educational records as listed below if needed:

- Record of grades (Transcript)
- Class rank
- GPA (Grade point average)
- Standardized test scores
- Email address (to be used for communication between students and the University of Texas Health and Science Center at San Antonio (UTHSCSA), other programs students, and/or potential mentors
- Students photo (photos are taken during activities- they are used for publications, website, videos representing the program or UTHSCSA)
- Information gathered in focus groups for evaluation purposes

Parents:

By signing below, you are giving your consent for your son or daughter to apply and participate in the Heart BEAT Program at UTHSCS. You are also giving your consent to the BEAT Academy to access the above mentioned information and records for the purposes of applicant selection, program marketing and publication.

Student's Signature:

Date:

Parent's Signature:

Date:

SECTION F: FEES

Please include application fee of \$50.00 to:
 BEAT
 UT Health Science Center San Antonio
 7703 Floyd Curl Dr., MSC 7833
 San Antonio, TX 78229-3900