

## Healthcare Pathways Program Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian's Name (if under 18 years of age) \_\_\_\_\_

Parent's Phone # \_\_\_\_\_

Parent's Email \_\_\_\_\_

Current Grade  Rising Junior  Junior  Senior  College Student

High School Name \_\_\_\_\_

College Name \_\_\_\_\_

Languages Spoken (other than English) \_\_\_\_\_

Race (optional) \_\_\_\_\_

Name of Guidance Counselor (for HS student applicants)

\_\_\_\_\_

Guidance Counselor's Phone # and Email \_\_\_\_\_

\_\_\_\_\_

Contact Person In Case of Emergency, Phone # and Email \_\_\_\_\_

\_\_\_\_\_

### Essay

Please state in 500 words or less why you are interested in this program and why you think that you should be chosen. Recognizing that career goals may change, especially for the high school applicant, please include a description of your academic interests and desire in possibly pursuing a healthcare profession.

Please scan and submit this application along with a PDF file of your essay to:

Grace Glassman, MD  
Program Director  
Healthcare Pathways

[Healthpath@maimonidesmed.org](mailto:Healthpath@maimonidesmed.org)