

University of Utah School of Medicine Science Power 2009-2010 Registration

University of Utah School of Medicine, Office of Diversity & Community Outreach
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Email: Melanie.hooten@hsc.utah.edu

Name (first and last): _____
Address: _____
City, State, Zip: _____
Phone #: _____ Birth Date: _____
Grade for 2009-2010 School Year (circle): 6 7 8 9
School Name: _____
Teacher's Name: _____ Parent's Name _____
Email Address _____

Parent or Guardian Signature _____ **Date:** _____

By signing this, I give permission for my student to participate in the Science Power Program and all associated activities including photo publication.

The following section is optional.

Please circle the answer(s) that best describes your background.

1. Ethnicity:

African American

Asian American

Caucasian/White

Hispanic (please specify) _____

Native American/Alaskan Native/Native Hawaiian (tribal affiliation) _____

Pacific Islander (please specify) _____

Other (please specify) _____

2. What is the primary language spoken in your home?

English

Spanish

American Indian Language (please state) _____

Asian Language (please state) _____

Other language (please state) _____

3. What is the secondary language, if any, spoken in your home?

English

Spanish

American Indian Language (please state) _____

Asian Language (please state) _____

Other language (please state) _____

4. What is the highest level of education completed by your mother?

Completed high school

Some college

Completed college

Post-graduate work (Master's, Doctoral, or Professional)

Other (please state) _____

5. What is the highest level of education completed by your father?

Completed high school

Some college

Completed college

Post-graduate work (Master's, Doctoral, or Professional)

Other (please state) _____