TUESDAY, FEBRUARY 3, 2026

PROGRAM TIME: 8:30 TO 2:30
SUBMISSION BY EMAIL

APPLICATIONS DEADLINE ON JANUARY 12TH, 2026

School_____ Parish_____

Name_____ Past Participant: ____Yes ____ No

Address_____ Grade Level_____

City, State, Zip_____ Current overall GPA_____

Home Phone_____ Date of Birth_____

Ethnic Origin _____ Gender _____

T-shirt Size: _____ Email: _____

List all high school science classes you have completed or are currently enrolled in, and the letter grade received:

List any health careers that you are interested in:

Course Title ***LETTER Grade Earned***

_____ 1. _____

---------- 2._____

---------- 3._____

_____ 4._____

Please check to verify that all of the necessary components are included with this application:

- □ **One** letter of recommendation (Please do not include several letters)
- □ A copy of your most recent transcript signed by your guidance counselor.
- □ A COMPLETE One-Page essay explaining why you should be considered for this program and what you would like to learn by participating in this program.

Failure to include all of the necessary information will exclude the applicant from being considered for the program.
I have answered all of the information on this application truthfully and to the best of my knowledge. Consent to photography.

Student signature:_____ Date _____

EMAIL SUBMISSION ONLY TO: Selahec1971@gmail.com

Southeastern LA AHEC Phone: 985.345.1119 Fax: 985.345.1157

Email Scan Here