

Please return completed application packet to:

Irene Chapa, PhD
UT Health San Antonio
Office of Recruitment and Science Outreach
7703 Floyd Curl Drive MC 7833
San Antonio, Texas 78229-3900

COMPLETE application packet must be received by June 14, 2019. Please note acceptance is on a rolling admissions basis and enrollment is limited!

Application must be typed, not handwritten.

Application packet must have the following to be considered complete.

1. Letter of recommendation from current teacher (1)
2. Official Transcript
3. One (1) page essay describing how participation in BEAT can assist the student in realizing their academic future goals
4. Fully signed and completed application
5. \$50 application processing fee (non-refunded)

Requirements:

- *Must be in good academic standing
- *Satisfactory conduct grade
- *Letter of recommendation
- *A well-written essay
- *Parental permission
- *Proof of medical insurance coverage

Costs:

Registration cost \$950.00

BEAT will be held July 8 to 12, 2019 from 9am to 4pm. Breakfast, dinner, and housing are not provided. Lunch will be served.

APPLICATION

Section A: Student Information

Name: (First)	MI:	Last:
Date of birth:	Check One: Male Female	
Home Phone: ()	Cell Phone: ()	
Mailing Address:		
City:	State:	Zip Code:
T-shirt Size: XS SM MED LRG XL 2XL 3XL Email:		

Section B: Parent/Guardian Information

Father's/Guardian's Name:		Email:
Address:		Phone: ()
City:	State:	Zip Code:
Level of Education:	High School Diploma/G.E.D	Some College
	Associate's Degree	Bachelor's Degree
	Master's Degree	Professional
Mother'/Guardian's Name:		Email:
Address:		Phone: ()
City:	State:	Zip Code:
Level of Education:	High School Diploma/G.E.D	Some College
	Associate's Degree	Bachelor's Degree
	Master's Degree	Professional

Section C: Academic Information

Current School Attending:
School District:
Grade Level in Fall 2018:
School and Community Activities/Clubs/Leadership Positions:

Section D: 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 UT Health San Antonio (UT Health SA), other programs students, and/or potential mentors)
- Student's photo (photos are taken during activities- they are used for publications, website, videos representing UT Health SA)
- 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 BEAT Program at UT Health SA. 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:

Application Packet Submission

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