



**Texas Tech University Health Sciences Center
Paul L. Foster School of Medicine
Office for Promotion of Community
Educational Achievement**

PROGRAMS APPLICATION

Name: _____ Gender: Male or Female
First Middle Last Please Circle

Phone: _____ email address: _____
Necessary to inform you if accepted

School attending: _____

Guidance Counselor _____
Name and telephone number

Grade level: _____ GPA (overall) _____ Science GPA _____

Honors and Awards: (List any distinctions or honors you have won)

Extracurricular work or Activities: (List any community service or work and any leadership activities)

Submit three letters of recommendation, one being from your school counselor.

ESSAY

On a separate word document, with a minimum of 200 words, Please tell us why you are interested in the medical field.

Submit application and all required documentation via email or US mail.

Email to rene.andre@ttuhsc.edu or mail to:

Office for Promotion of Community Educational Achievement

c/o Rene Andre

4800 Alberta Avenue

El Paso, Texas 79905

I hereby affirm that, to the best of my knowledge, all information furnished as part of my application is complete and accurate. If it becomes necessary for me to withdraw my application, I agree to notify the OPCEA office so that I will not deprive another student the opportunity to participate. I understand that if accepted in any OPCEA program, that photographs will be taken for possible use on the website or for other programs. I give permission for OPCEA to use these photographs for promotion of its mission.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____