



Return to:
Amy Parker, Director of Teen Programming
333. W. Broad Street
Columbus, OH 43215

OhioHealth Medical Career Discovery @ COSI 2013-2014

To be filled out by student applicants:

Name: _____

Home Address: _____

Phone Number: (____) _____ Email Address: _____

Date of Birth: _____ Graduation Year: _____

School: _____ School District: _____

Check One: Public school _____ Private school _____

Home school _____ Charter school _____

Name of Parents/Guardians: _____

Parent's Email Address: _____

How did you hear about this program? Please check all that apply:

COSI Brochure: ____ OhioHealth Brochure: ____ Teacher: ____ Friend: ____ School: ____

Other (please specify): _____

Please use the space provided to answer the following questions:

Why are you interested in exploring Health Careers?

If you could go anywhere, in any time or meet anyone to learn about a health or medicine related topic, what experience would you choose? Why would choose this? What would you hope to learn?

What do you hope to gain from OhioHealth Medical Career Discovery @COSI?

The information provided in this application is correct to the best of my knowledge:

Signature: _____ **Date:** _____

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