

# UConn HEALTH

HEALTH CAREER  
OPPORTUNITY PROGRAMS

Aetna Health Professions Partnership Initiative

## *Bridge To The Future Science Mentoring Conference Registration Form*

Student's name: \_\_\_\_\_  
First Name Middle Initial Last Name

Name of High School/College: \_\_\_\_\_

Indicate Present Academic Status:

Gender:

Ethnicity:

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Career Interest: \_\_\_\_\_

Have you previously participated in any programs sponsored by the Department of Health Career Opportunity Programs? If yes, please list the program(s) and the year(s) of participation.

To return completed form via email to [hcop@uchc.edu](mailto:hcop@uchc.edu) select the submit form button above.

***Thank you!***