ACES Application for High School & Undergraduate Students

AHEC Career Enhancement Scholars (ACES) – A program of the Missouri Area Health Education Centers

Only complete applications will be accepted – all 6 sections plus attachments.

I am applying for the ACES Program in (select one):  **Springfield**  **Bolivar**

Application Requirements:

* Must have a minimum of 3.0 GPA (on 4.0 non-weighted scale)
* Fully completed application with all of the following:

Two letters of recommendation from school counselor or faculty member

 Essay that explains your personal interest in a healthcare profession and what you hope to gain through ACES

Copy of transcript through the previous quarter of application date – Date of application: 

Note: MAHEC is required to report general demographic information about participants. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation.

Select one: High School Student Undergraduate Student

**Please specify your health career interest: **

**How did you find out about the ACES program?**

**Have you participated in any AHEC activities prior to applying? If so, please list: **

I. STUDENT INFORMATION *Please type or print legibly in ink all responses below*

   

**Last Name First Name (Preferred Name) Middle Initial**

   YN

**Birth Date (Month/Day/Year) Home Phone Number (Including Area Code) Cell Phone Number (Including Area Code) Okay to Text?**

  

**Permanent Street Address PO Box/Rural Route Personal Email Address**

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**City State Missouri County Zip Code**

**Gender:** Female **Ethnicity:** (optional) **Race: Check all that apply** (optional)

Male Hispanic/Latino Yes No American Indian or Alaska Native Asian – Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

I will be the first in family to receive a college education Asian – Other than subgroups above

Qualified for free or reduced lunch program in school (K-12) Black or African American

English is your second language Native Hawaiian or Other Pacific Islander

I qualify for federal/state grants, which do not need to be repaid Caucasian (White)

II. SCHOOL INFORMATION

  

**Name of High School/College/University Currently Attending Grade in School/College/University Expected date of Graduation**

  

**High School/College/University Address City State School Counselor/Advisor’s Name**

  Test:  Score  **Undergraduate - College Student Mailing Address City State Highest composite ACT or Aptitude Test Score**

  

**Missouri County Zip Code School/University Phone (Including Area Code)**

III. PARENT INFORMATION (1)

**  **

**Parent/Guardian Name Address City State Zip Code**

**   **

**Daytime Phone Evening Phone Cell Phone Preferred Method of Contact**

**  ** Yes No

**Occupation Employer Personal Email Copy me on my child’s emails Yes or No?**

**Relationship to Student**  **Highest level of education completed:**  **Ethnicity:** (Optional) Hispanic/Latino  Yes No

Mother High School/GED **Race: Check all that apply** (Optional)

Father Professional/Technical School (1-2 yrs) American Indian or Alaska Native

Guardian Some college (degree not obtained) Asian Chinese, Filipino, Japanese, Korean, Asian

Indian, or Thai

Step-Parent College (Associates degree) Asian other than listed above

Other  College (Bachelors degree) Black or African American

Graduate School Native Hawaiian or Other Pacific Islander

Student lives at same residence Other  Caucasian (White)

PARENT INFORMATION (2)

**   **

**Parent/Guardian Name Address City State Zip Code**

**   **

**Daytime Phone Evening Phone Cell Phone Preferred Method of Contact**

**   Yes  No**

**Occupation Employer Personal Email Copy me on my child’s emails Yes or No?**

**Relationship to Student**  **Highest level of education completed:**  **Ethnicity:** (Optional) Hispanic/Latino  Yes No

Mother High School/GED **Race: Check all that apply** (Optional)

Father Professional/Technical School (1-2 yrs) American Indian or Alaska Native

Guardian Some college (degree not obtained) Asian Chinese, Filipino, Japanese, Korean, Asian

Indian, or Thai

Step-Parent College (Associates degree) Asian other than listed above

Other  College (Bachelors degree) Black or African American

Graduate School Native Hawaiian or Other Pacific Islander

Student lives at same residence Other  Caucasian (White)

Total Annual Household Income (optional):

(for the household in which the applicant resides)

Less than $15,000 $25,001-$30,000 $40,001-$50,000

$15,001-$20,000 $30,001-$35,000 $50,001-$60,000

$20,001-$25,000 $35,001-$40,000 Above $60,000

Number of persons living in the household: 

IV. AHEC Program Participation or other Health Career Exploration:

**Briefly describe your previous health career exploration activities:** *examples are job shadowing, volunteering, camps, clubs, classes, CPR certification, certified sitter, etc.*

V. Information to be completed by school advisor or registrar:

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**Name of advisor/counselor/registrar Title School Phone Number**

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**Signature of advisor/counselor/registrar (official school transcript may be substituted) Date**

I certify that **** has a current overall GPA of **** (on a 4 point, non-weighted scale).

(Student name)

I certify that **** has a class rank of **** out of ****.

(Student name)

VI. Student and Parent Understanding of Application:

Student Expectations:

1. Students are expected to display professional behavior throughout the program including all events and workshops (this includes appropriate dress).
2. The use of profane or vulgar language will not be tolerated.
3. Cell phones will be kept on silent/vibrate. Students will be allotted breaks to use their cell phone and at other times will be actively involved in the workshop.
4. Students **must wear closed-toed shoes to workshops, when requested for safety**.
5. Students will wear their hair pulled back and out of their eyes and face, when requested for safety.
6. Students participating must stay with the group for the duration of the workshop, and will not leave until the workshop is over. (unless there is an emergency)
7. Students are expected to attend the entire workshop and actively participate in workshop activities. If the student has any physical limitations, they are to be provided in writing on the application. This would also include any medications that they may need during a workshop or strenuous activity. (examples: inhalers, epinephrine pens, etc)
8. If the student is exposed to protected health information, through shadowing/volunteering they will abide by the HIPAA laws and not disclose anything they hear or see to anyone for any reason. An overview of the HIPAA laws can be found at <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>
9. Students will provide their own method of transportation to and from the workshops.

I certify that the application was completed by me (the student) and that all information is accurate. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or ACES program. **I understand that ACES is a longitudinal program and if I am selected, I agree to supply all information as requested by MAHEC to enable them to assess my progress toward a healthcare career.**

I hereby consent that if I/my child am/is accepted to the ACES program, I/they will be exposed to various potential hazards through our workshops. In our efforts to prepare them for the medical field, we may travel to visit various professional schools or for workshops. They may also be exposed to sharp objects or chemicals in dissection and cooking workshops such as knives, scalpels, tweezers, probes, or formaldehyde. I acknowledge that the Southwest Missouri Area Health Education Center, Missouri State University, and its workers or volunteers, will not be held responsible for any injury or accident that might occur while traveling or participating in this program and that any medical expenses incurred as a result of such injury or accident will be my responsibility. I/they understand and agree to act responsibly and comply with rules, expectations, and regulations of Missouri State University, and its workers, or volunteers. Failure to comply may result in dismissal from a workshop or in severe cases the program entirely.

**VII. Media Release:**

I authorize the Southwest Missouri Area Health Education Center (SWMO AHEC), Missouri State University, and those acting under its permission or authority, to permanently use and publish for lawful purpose any video pictures/photographs of me in which may be included in whole, or in part, or any words I have spoken about the program and its workers for the duration of my enrollment/renewal in the program. I waive my right that I may have to approve the finished product or copy or use to which it may be applied. I release and discharge SWMO AHEC and those acting under its permission or authority, from any liability for the use of any picture or video of me, or of any words I have spoken about the SWMO AHEC program and its workers.

I have read the release (sections VI and VII) before signing it, and am fully familiar with the contents thereof.

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**Student Signature Date**

I have read the application and the release (sections VI and VII) and certify that the information is accurate. I give permission for my child to apply and participate in this program. If my child is accepted, I understand that I will receive additional information regarding the program. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to MAHEC and ACES surveys regarding my child and his/her progress. I understand that this information will remain confidential.

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**Parent/Guardian Signature (Required if student is under the age of 18 years) Date**

**NOTES FOR PRINTING AND FORM SUBMISSION:**

**IT IS RECOMMENDED THAT YOU OPEN THIS FORM USING MICROSOFT WORD, TO ENSURE ACCURATE INFORMATION IS INCLUDED IN THE FORM.**

**PLEASE SAVE YOUR COMPLETED APPLICATION AS A .pdf VERSION PRIOR TO PRINTING TO MAINTAIN APPLICATION FORMATTING.**

**Return to: SWMO AHEC**

**Attn: Heather Phillips Phone: 417-836-3284**

**Missouri State University Fax: 417-836-8770**

**901 S. National Ave, PCOB 215 Email: Heather17@missouristate.edu**

**Springfield, MO 65897 Website:** [**http://ahec.missouristate.edu/**](http://ahec.missouristate.edu/)