



Missouri Area Health Education Centers

Connecting students to careers, professionals to communities,
and communities to better health

AHEC Career Enhancement Scholars (ACES) Application

A program of the Missouri Area Health Education Centers

Thank you for your interest in the ACES program! ACES is a multi-year, comprehensive, career planning program designed to prepare students for a career in the healthcare field. **ACES is competitive and a limited number of students are selected to participate each year, based on funding from state and federal dollars.** Students that are selected are expected to give 100% participation to keep their spot in the program for the next year. If accepted to ACES, enrollment fee is \$40 for the 2021-22 year and Saturday workshops are \$20 each. Students accepted into the ACES program are expected to attend most of the Saturday activities with the exception of two “misses” per year. Fees may be reduced but students must provide proof that they are on free-reduced lunch to qualify for reduced fees or scholarships to the program. No student is turned away from the program based on financial needs, so please apply regardless of the cost.

Application Requirements:

- ☐ Minimum 3.0 GPA (on 4.0 non-weighted scale) – Transcripts must be submitted each year with renewal.
- ☐ Recommendation letter from school counselor, teacher or community member (non-parent or relative).
- ☐ 1 page or less typed essay on your health career interest and what you hope to gain through ACES program.
- ☐ **Only applications from freshman, sophomores and juniors are accepted. Preference given to Sophomores and juniors.**
- ☐ Preference will be given to students that are interested in primary care including family medicine, pediatrician, internal medicine, nursing, nurse practitioner, dental and behavioral health.
- ☐ Students must be intending to attend a college in Missouri.
- ☐ Students are accepted in September each year.

Send completed application to: Stephanie Taylor, AHEC Director, 100 NW 101st Terr, KCMO 64155

For questions please contact: Stephanie Taylor at 816-617-2353 or email stephanie@hccnetwork.org

ACES students receive:

- Yearly Individual Career Planning session (ICP) with AHEC staff that enables students to identify career options, plan for college and health professions training, etc.
- Hands-on enrichment activities.
- Field trips to colleges and university health-professions training programs.
- College and career preparation activities
- Student leadership activities.
- Exposure to a variety of healthcare careers.

West Central Missouri AHEC is hosted by Health Care Collaborative of Rural Missouri (HCC) and is part of the Missouri AHEC Network. Area Health Education Centers (AHECs) were established by Congress in 1971 to recruit, train and retain a health professions workforce. AHEC invests in youth to create a long-term pipeline supporting students from high school all the way to health professions training programs. Visit us at

www.wcmisouriahec.org

MAHEC Participant Registration Form

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 in the completion of this form. Please type or print clearly.

Last Revision 8/14



Prefix (e.g. Mr, Ms Dr)	First Name	MI	Last Name
Suffix (Jr, Sr, I, II, III, IV, V)	Credentials (e.g., MD, DO, RN, PA)	Birthdate (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Race (Select all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:			
Disadvantaged Status (Select all that apply) <input type="checkbox"/> I will be/am first in my family to go to college <input type="checkbox"/> I grew up with English as my second language <input type="checkbox"/> I qualify for the free and reduced school lunch program <input type="checkbox"/> I qualify for federal/state grants which do not need to be paid. <input type="checkbox"/> I have been diagnosed with a physical or mental impairment that limits my participation		Residential background (Select one) <input type="checkbox"/> Rural (country, small town) <input type="checkbox"/> Suburban <input type="checkbox"/> Urban (Big City)	
Loan Repayment Recipient <input type="checkbox"/> National Health Service Corps (NHSC) <input type="checkbox"/> Primary Care Resource Initiative for Missouri (PRIMO)			
CONTACT INFORMATION			
Address			
City	State	Zip Code (9 digits if possible)	County
Cell Phone #	Home Phone #	Student Email Address	
K-12 PARENT/GUARDIAN INFORMATION			
Relationship	First Name	Last Name	
Address (if different from above)			
City	State	Zip Code (9 digits if possible)	County
Cell Phone #	Home Phone #	Parent Email Address	
EDUCATION			
Current School Name		Graduation Date:	ACT Score (if taken)
City	State	Zip Code (9 digits if possible)	Counselor's name
IF YOU ARE A COLLEGE STUDENT and/or ADULT LEARNERS			
Current Major/Discipline	High School Attended	Year Graduated	High School Address
High School City	High School County	High School State	High School Zip Code
Current Employer if applicable		Address	
City	State	Zip Code (9 digits if possible)	

Activities

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

Commitment

As an ACES member, you would be working with students from other schools, backgrounds, healthcare interests, etc. What can you offer the program in terms of your personality, your commitment to the program, etc? What is your level of interest in health careers?

ACES is a competitive program with a limited number of seats for students each year. Why should a spot be given to you and what can you contribute to the program?

Student and Parent Understanding of Application:

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. If I am selected for the ACES program and choose to participate, I agree to abide by all program rules and guidelines. I understand that ACES is a longitudinal program and if I am selected, I agree to supply all information as requested by the MAHEC to enable them to assess my progress toward a healthcare career. I understand that there is a fee for ACES participation and that my student is responsible for the fees. Families that qualify for free/reduced lunch may qualify for reduced participation fees. There are no fees to apply and interview for the program.

Student Signature

Date

I have read the application 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.

Parent/Guardian Signature (Needed for High School Students Only)

Date