

## 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 <u>must provide proof</u> 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.

Ap	plication 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.		
Ser	nd 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 <a href="https://www.wcmissouriahec.org">www.wcmissouriahec.org</a>

## **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 Nevision 6/ 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 □Male □ Female				
Ethnicity (select one)	☐ Hispanic ☐ Non-Hispanic							
	<u> </u>		/					
Race (Select all that apply)	□ African American/Black □ As □ Native Hawaiian/Other Pacific Islar	,						
Disadvantaged Status (Select	all that apply)	Residential background (Select one)		Loan Repayment Recipient				
☐I will be/am first in my fami	ily to go to college			□National Health Service Corps				
□I grew up with English as m		□Rural (country, small town)		(NHSC)				
☐I qualify for the free and re		□Suburban		☐ Primary Care Resource Initiative				
	rants which do not need to be paid.	□Urban (Big City)		for Missouri (PRIMO)				
	a physical or mental impairment that							
limits my participation	ra physical of mental impairment that							
CONTACT INFORMATION								
Address								
City	State	Zip Code (9 digits if po	ssible)	County				
Cell Phone #	Home Phone #	Student Email Address	<u> </u>					
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:	GPA	ACT Score (if taken)				
City	State	Zip Code (9 digits if po	ssible)	Counselor's name				
	IF YOU ARE A COLLEGE	STUDENT and/or ADUL	T LEARNERS					
Current Major/Discipline	High School Attended	Year Graduated	High School Add	ress				
High School City High School County		High School State High School Zip Code						
Current Employer if applicabl	e	Address	•					
City State		Zip Code (9 digits if possible)						
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SURVEY					
l intend to enter a health career: □YES □NO					
If yes, what THREE health careers are you interested in? Options are followed by a list of disciplines that fall in each category. Please indicate					
your top three choices by placing a 1, 2, or 3 in the spaces provided and circling the specific disciplines.					
Behavioral Health (counselor, psychologist, social worker) Chiropractor					
Community and Health Education (public health, community health worker, health education)					
Dental (dentist, dental hygienist, dental assistant, endodontist, oral surgeon, orthodontist, periodontist)					
Health Administration (healthcare administrator, information technologist, nursing home administrator)					
Health Professions (athletic trainer, audiologist, clinical lab technician, dietician, EMS/EMT/First responder, Exercise Science, Hospice					
caregiver, occupational therapist/Assistant, Optometrist, Physical therapist/Assistant, Pulmonary function technologist, radiology Technician, respiratory therapist, speech-language pathologist.					
Nursing (CNA, LPN, RN, RN/BSN, MSN, Nurse Anesthetist, clinical nurse specialist, advanced practice nurse, midwife)					
Pharmacy (pharmacist, pharmacy technician)					
Physician Assistant					
Primary Care Physician (family medicine, internal medicine, obstetrics & gynecology, general pediatrics)  Specialty Care Physician (allergy/immunology, anesthesiology, cardiology, critical care/hospitalist, dermatology, emergency medicine,					
endocrinology, gastroenterology, general surgery, geriatrics, infectious disease, neonatology, nephrology, neurology, nuclear medicine,					
oncology, ophthalmology, oral and maxillofacial surgery, orthopedic surgery, osteopathic manipulative medicine, otorhinolaryngology,					
pain management, pathology, rehabilitation, plastic surgery, podiatry, proctology, psychiatry, pulmonology, radiology, sports medicine,					
thoracic surgery, urology)					
I am interested in a healthcare career, but I worry about (check all that apply):					
□ Cost of education					
☐ Whether or not my grades are good enough to get into a health professions program					
☐ Admission exams and the application process					
☐ How I would get to and from school (transportation, distance)					
☐ How long it would take to complete my education					
☐ Where I would work once I did complete my education					
☐ What my family and friends would think about me pursuing a career in healthcare					
□ Other					
Are you enrolled in or have you been accepted into a health professions pre-health professions program such as pre-med, pre-dental, first					
responder, medical assistant, CNA, medical school, dental school?					
If Yes, what type of health professions/pre-health professions program?					
The state of the data professions, pre-median professions program.					
Will you apply this training to certification or credentialing? □YES □NO					
Will you apply this training to certification or credentialing? □YES □NO					
I intend to work with people who are medically underserved or where there is not enough healthcare:					
I intend to work in the following type of community: □Frontier (Wide open, few people) □Rural (country, small town)					
□Suburban □Urban (Big City)					
Lintend to stay in Missouri:					

Thank you!

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.

Date

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