



Missouri Area Health Education Centers

Connecting Students to Careers, Professionals to Communities,
and Communities to Better Health

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.

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. One from school counselor or faculty member and one from non-relative.
 - (1) Page Essay that explains your personal interest in a healthcare profession and what you hope to gain through the ACES program
- Copy of transcript through the previous quarter of application date - Date of application: _____

SELECT ONE: High School Student Undergraduate Student

Please specify your health career interest: _____

How did you find out about the ACES program? _____

I. STUDENT INFORMATION

Please type or print legibly in ink all responses below

Last Name	First name (Preferred Name)	Middle Initial	XXX-XX- Las 4 digits of Social Security Number
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Birth Date (Month/Day/Year)	Home Phone Number (Including Area Code)	Cell Phone Number (Including Area Code)	Okay to Text?
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Permanent Street Address	PO Box/Rural Route	Personal Email Address
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City	State	Missouri County	Zip Code
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- | | | |
|---|--|--|
| Gender: <input type="checkbox"/> Female
<input type="checkbox"/> Male | Ethnicity: (optional)
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No | Race: Check all that apply (optional)
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian – Chinese, Filipino, Japanese, Korean, Asian Indian or Thai
<input type="checkbox"/> Asian – Other than subgroups above
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Caucasian (White) |
|---|--|--|
- Will be the first in family to receive a college education
 Qualified for free or reduced lunch program in school (K-12)
 English is your second language
 Received Financial Aid for college: Circle Type → Scholarships; Federal funds; Grants; Loans; Forgivable Loan; Community Support other: _____

II. SCHOOL INFORMATION

Name of High School/College/University Currently Attending	Grade in School/College/University	Expected date of Graduation
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High School/College/University Address	City	State	School Counselor/Advisor's Name
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Undergraduate - College Student Mailing Address	City	State	Test: _____ Score: _____ Highest composite ACT or Aptitude Test Score
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Missouri County	Zip Code	Phone (Including Area Code) - Student's preferred phone number to contact at school
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III. PARENT INFORMATION (1)

Parent/Guardian Name		Address		City	State	Zip Code
Daytime Phone	Evening Phone	Cell Phone	Preferred Contact Number			
Occupation	Employer	Email	Copy me on emails Yes or No?			
Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____ <input type="checkbox"/> Student lives at same residence		Highest level of education completed: <input type="checkbox"/> High School/GED <input type="checkbox"/> Professional/Technical School (1-2 yrs) <input type="checkbox"/> Some college (degree not obtained) <input type="checkbox"/> College (Associates degree) <input type="checkbox"/> College (Bachelors degree) <input type="checkbox"/> Graduate School <input type="checkbox"/> Other _____		Ethnicity: (Optional) Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Race: Check all that apply (Optional) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Chinese, Filipino, Japanese, Korean, Asian Indian or Thai <input type="checkbox"/> Asian other than listed above <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian (White)		

PARENT INFORMATION (2)

Parent/Guardian Name		Address		City	State	Zip Code
Daytime Phone	Evening Phone	Cell Phone	Preferred Contact Number			
Occupation	Employer	Email	Copy me on emails Yes or No?			
Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____ <input type="checkbox"/> Student lives at same residence		Highest level of education completed: <input type="checkbox"/> High School/GED <input type="checkbox"/> Professional/Technical School (1-2 yrs) <input type="checkbox"/> Some college (degree not obtained) <input type="checkbox"/> College (Associates degree) <input type="checkbox"/> College (Bachelors degree) <input type="checkbox"/> Graduate School <input type="checkbox"/> Other _____		Ethnicity: (Optional) Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Race: Check all that apply (Optional) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Chinese, Filipino, Japanese, Korean, Asian Indian or Thai <input type="checkbox"/> Asian other than listed above <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian (White)		

Total Annual Household Income (optional):
(for the household in which the applicant resides)

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$40,001-\$50,000 |
| <input type="checkbox"/> \$15,001-\$20,000 | <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> \$50,001-\$60,000 |
| <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> Above \$60,001 |

Number of persons living in the household: _____



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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:

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

I certify that _____ class rank is _____ of _____ .

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
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VI. 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.

Student Signature	Date
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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
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Please return your completed application along with the appropriate supporting documents to:

Sarah Jackson	Office Phone: 573-785-2444	Website: www.semoahec.org
SEMO AHEC	Cell Phone: 573-625-9248 (text or call)	
506 D Hazel Street	Fax: 573-785-5568	
Poplar Bluff, MO 63901	Email: sarah@semoahec.org	