



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 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: _____

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- Last 4 digits of Social Security Number
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	
City		State	Missouri County		Zip Code

Gender: Female Male
Ethnicity: (optional)
 Hispanic/Latino Yes No
Race: Check all that apply (optional)
 American Indian or Alaska Native
 Asian – Chinese, Filipino, Japanese, Korean, Asian Indian or Thai
 Asian – Other than subgroups above
 Black or African American
 Native Hawaiian or Other Pacific Islander
 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 for 2015-2016		Expected date of Graduation	
High School/College/University Address		City	MO State	School Counselor/Advisor's Name	
Undergraduate - College Student Mailing Address		City	MO State	Test: Highest composite ACT or Aptitude Test Score	Score:
Missouri County	Zip Code	Phone (Including Area Code)		Student's preferred phone number to contact at school (include area code)	



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III. PARENT INFORMATION (1)

Parent/Guardian Name	Address	City	State	Zip Code
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Daytime Phone	Evening Phone	Cell Phone	Preferred Phone Contact
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Occupation	Employer	Email	Copy me on emails Yes or No?
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Relationship to Student

- Mother
- Father
- Guardian
- Step-Parent
- Other _____

- Student lives at same residence

Highest level of education completed:

- High School/GED
- Professional/Technical School (1-2 yrs)
- Some college (degree not obtained)
- College (Associates degree)
- College (Bachelors degree)
- Graduate School
- Other _____

Ethnicity: (Optional) Hispanic/Latino Yes No

- Race: Check all that apply** (Optional)
- American Indian or Alaska Native
 - Asian Chinese, Filipino, Japanese, Korean, Asian Indian or Thai
 - Asian other than listed above
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Caucasian (White)

PARENT INFORMATION (2)

Parent/Guardian Name	Address	City	State	Zip Code
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Daytime Phone	Evening Phone	Cell Phone	Preferred Phone Contact
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Occupation	Employer	Email	Copy me on emails Yes or No?
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Relationship to Student

- Mother
- Father
- Guardian
- Step-Parent
- Other _____

- Student lives at same residence

Highest level of education completed:

- High School/GED
- Professional/Technical School (1-2 yrs)
- Some college (degree not obtained)
- College (Associates degree)
- College (Bachelors degree)
- Graduate School
- Other _____

Ethnicity: (Optional) Hispanic/Latino Yes No

- Race: Check all that apply** (Optional)
- American Indian or Alaska Native
 - Asian Chinese, Filipino, Japanese, Korean, Asian Indian or Thai
 - Asian other than listed above
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - 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:

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

I certify that _____ class rank is ____ of _____.

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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Return to: Susan Bowles
Mid-MO AHEC
1110 West 11th Street
Rolla, MO 65401

Phone: 573 458-7281
Fax: 573 364-8972
Email: sbowles@maheclibrary.org
Website: www.MAHEC.org