



West Central Missouri Area Health Education Center

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 year-long program designed to prepare students for a career in the healthcare field. **ACES is competitive and up to 45 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 and each monthly workshop fee is \$20. Students accepted into the ACES program are expected to attend all the monthly meetings but are granted two workshop absence per year. For students that qualify for Free/Reduced lunch, a scholarship may be provided to cover the costs, but students must provide proof that they qualify for reduced fees. No student is turned away from the program based on financial needs, so please apply regardless of the cost.

Application Requirements:

- Reside in Jackson, Cass, Lafayette or Johnson County, Missouri
- Minimum 3.0 GPA - Transcripts must be submitted each year with renewal.
- Recommendation letter from school counselor, teacher or community member (non-parent or relative).
- One page or less TYPED essay on your health career interest and what you hope to gain in this program.
- Must be a rising sophomore, junior or senior. Preference given to rising Sophomores and juniors.**
- Program starts in September each year.
- Newly accepted students must participate in the orientation session with at least one parent/guardian.

Please send completed applications and forward any questions to:

Stephanie Taylor

100 NW 101st Terr, Kansas City, MO 64155

816-617-2353 or email stephanie.taylor@hccnetwork.org

ACES students receive:

- Individual Career Planning session with AHEC staff member.
- Hands-on enrichment activities.
- Field trips to colleges and university health-professions training programs (as allowed with COVID)
- College and career preparation activities.
- Student leadership activities.
- Exposure to a variety of healthcare careers.
- Networking opportunities.

West Central Missouri AHEC is hosted by HCC Network 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 10/21



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)	Nickname/Preferred name		Birthdate (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary/Other
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"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <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 have been diagnosed with a physical or mental impairment that limits my participation <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.			Residential background (Select one) <input type="checkbox"/> Frontier (Wide open, few people) <input type="checkbox"/> Rural (country, small town) <input type="checkbox"/> Suburban (small city) <input type="checkbox"/> Urban (Big City)		Veteran Status (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 # Text okay? <input type="checkbox"/> Yes <input type="checkbox"/> No			Home Phone #			
School Email (required)			Home (non-school) Email (required)			
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 # Text okay? <input type="checkbox"/> Yes <input type="checkbox"/> No			Parent Email Address			
HIGH SCHOOL EDUCATION						
School Name				City/State		Zip
Graduation date (MM/YY)		GPA			ACT Composite Score (if applicable)	
COLLEGE EDUCATION						
Major/Discipline		School name			Anticipated Graduation date (MM/YY)	
City		State			Zip Code (9 digits if possible)	

SURVEY	
<p>I have participated in AHEC activities in the past and they have increased my knowledge of healthcare careers (leave blank if you have not participated in AHEC activities in the past or if you are unsure.)</p> <p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree</p>	
<p>I intend to enter a health career: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree</p>	
<p>If strongly agree or agree, 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 <u>three</u> choices by placing a 1, 2, or 3 in the spaces provided and circling the specific disciplines.</p> <p>_____ Primary Care Physician (family medicine, internal medicine, obstetrics & gynecology, general pediatrics)</p> <p>_____ Dental (dentist, dental hygienist, dental assistant, endodontist, oral surgeon, orthodontist, periodontist)</p> <p>_____ Pharmacy (pharmacist, pharmacy technician)</p> <p>_____ Physician Assistant</p> <p>_____ Behavioral Health (counselor, psychologist, social worker)</p> <p>_____ Nursing (CNA, LPN, RN, RN/BSN, MSN, Nurse Anesthetist, clinical nurse specialist, advanced practice nurse, midwife)</p> <p>_____ Chiropractor</p> <p>_____ Health Administration (healthcare administrator, information technologist, nursing home administrator)</p> <p>_____ Community and Health Education (public health, community health worker, health education)</p> <p>_____ 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.</p> <p>_____ 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)</p> <p>_____ Other</p>	
<p>I am interested in a healthcare career, but I worry about (check all that apply):</p> <p><input type="checkbox"/> Cost of education</p> <p><input type="checkbox"/> Whether or not my grades are good enough to get into a health professions program</p> <p><input type="checkbox"/> Admission exams and the application process</p> <p><input type="checkbox"/> How I would get to and from school (transportation, distance)</p> <p><input type="checkbox"/> How long it would take to complete my education</p> <p><input type="checkbox"/> Where I would work once I did complete my education</p> <p><input type="checkbox"/> What my family and friends would think about me pursuing a career in healthcare</p> <p><input type="checkbox"/> Other _____</p>	
<p>I intend to work with people who are medically underserved or where there is not enough healthcare:</p> <p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree</p>	
<p>I intend to work in the following type of community:</p> <p><input type="checkbox"/> Frontier (Wide open, few people) <input type="checkbox"/> Rural (country, small town) <input type="checkbox"/> Suburban <input type="checkbox"/> Urban (Big City) <input type="checkbox"/> Unsure</p>	
<p>I intend to stay in Missouri: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree</p>	
<p>How did you hear about MAHEC?</p> <p><input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree</p>	
<p>Are you enrolled in any pre-health training programs? (Health occupation / CNA / EMT, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so what type of health professions/pre-health program are you enrolled in?</p>	
<p>Want to be the first to know about upcoming MAHEC events and news?</p> <p><input type="checkbox"/> Yes! Sign me up! (Please be sure that you have provided your phone number and the email address where you would like to receive notifications.)</p> <p>MAHEC uses a third-party service for its marketing efforts. By checking this box, you agree to receive marketing messages from MAHEC and to have your information stored on a third-party site. Data rates may apply. For additional information, please see MAHEC's full privacy policy at mahec.org</p>	

Activities

Please describe any health career exploration activities that you currently or have participated in (examples are job shadowing, HOSA, volunteering, career 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? Are you committed to attending every Saturday workshop possible from October – April?

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