



West Central Missouri Area Health Education Center

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

APPLICATION DEADLINE: SEPTEMBER 15, 2023

No late applications will be accepted.

Application to participate in the **Academy for Career Exploring Students (ACES)** *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 only up to 50 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 \$50 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.

Applicant Requirements:

- Reside in Jackson, Cass, Lafayette or Johnson County, Missouri
- Minimum 3.0 GPA - Transcripts must be submitted each year with renewal.
- Preference given to rising sophomores and juniors. Freshman may be considered.**
- Newly accepted students must participate in the orientation session with at least one parent/guardian.

Please submit with this Application: (your application will not be considered complete without all)

- 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.
- Copy of Transcript showing a minimum 3.0 overall GPA.

Please send completed applications and forward any questions to:

Stephanie Taylor

100 NW 101st Terr, Kansas City, MO 64155

816-634-3346 or email stephanie.taylor@hccnetwork.org

ACES students receive:

- Individual Career Planning session with AHEC staff member.
- Hands-on enrichment activities.
- 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

PLEASE PRINT

First Name		MI	Last Name	
Nickname/Preferred name		Birthdate (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary/Other	Preferred pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/her <input type="checkbox"/> They/them <input type="checkbox"/> 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			
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)	
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 #		
Home (non-school) Email (required)		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				
High School Name		City/State		Zip
Graduation date (MM/YY)		GPA		

SURVEY

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.)

Strongly Disagree Disagree Neutral Agree Strongly Agree

I intend to enter a health career: Strongly Disagree Disagree Neutral Agree Strongly Agree

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 three choices by placing a 1, 2, or 3 in the spaces provided and circling the specific disciplines.

_____ **Primary Care Physician** (family medicine, internal medicine, obstetrics & gynecology, general pediatrics)

_____ **Dental** (dentist, dental hygienist, dental assistant, endodontist, oral surgeon, orthodontist, periodontist)

_____ **Pharmacy** (pharmacist, pharmacy technician)

_____ **Physician Assistant**

_____ **Behavioral Health** (counselor, psychologist, social worker)

_____ **Nursing** (CNA, LPN, RN, RN/BSN, MSN, Nurse Anesthetist, clinical nurse specialist, advanced practice nurse, midwife)

_____ **Chiropractor**

_____ **Health Administration** (healthcare administrator, information technologist, nursing home administrator)

_____ **Community and Health Education** (public health, community health worker, health education)

_____ **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.

_____ **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)

_____ **Other**

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 _____

I intend to work with people who are medically underserved or where there is not enough healthcare:

Strongly Disagree Disagree Neutral Agree Strongly Agree

I intend to work in the following type of community:

Frontier (Wide open, few people) Rural (country, small town) Suburban Urban (Big City) Unsure

I intend to stay in Missouri: Strongly Disagree Disagree Neutral Agree Strongly Agree

Are you involved in any other health-related programs such as HOSA, PLTW, Health Occupations, etc? Yes No

If YES, what programs? HOSA PLTW Health Occupations Other _____

Are you enrolled in or have you been accepted into a health professions/pre-health training program? Yes No

If YES, what programs? CNA LPN EMS/EMT Other _____

How did you hear about MAHEC?

MAHEC website Facebook Twitter Teacher/counselor From a Friend Other

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.

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. 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.

Parent/Guardian Signature

Date