



# Missouri Area Health Education Centers

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

## ACES Application for High School Students

AHEC Career Enhancement Scholars (ACES) – A program of the Missouri Area Health Education Centers

**Only complete applications will be accepted – all 7 sections plus attachments.**

### Application Requirements:

- Must have a minimum of 3.0 GPA (on 4.0 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: \_\_\_\_\_

Note: 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.

Please specify your health career interest: \_\_\_\_\_

How did you find out about the ACES program? \_\_\_\_\_

Have you participated in any AHEC activities prior to applying? If so, please list: \_\_\_\_\_

## I. STUDENT INFORMATION

*Please type or print legibly in ink all responses below.*

\_\_\_\_\_  
Last Name                                      First Name                                      (Preferred Name)                                      Middle Initial

\_\_\_\_\_  
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                                      Ethnicity: (optional)                                      Race: Check all that apply (optional)
- Male                                      Hispanic/Latino  Yes                       No                                       American Indian or Alaska Native
- I will be the first in family to receive a college education.                       Asian – Chinese, Filipino, Japanese, Korean, Asian Indian or Thai
- Qualified for free or reduced lunch program in school (K-12)                       Asian – Other than subgroups above
- English is my second language.                       Black or African American
- Native Hawaiian or Other Pacific Islander

## II. SCHOOL INFORMATION

\_\_\_\_\_  
Name of High School                                      Grade in School                                      Expected date of Graduation

\_\_\_\_\_  
High School Address                                      City                                      Missouri County                                      Zip Code

\_\_\_\_\_  
Highest composite ACT or Aptitude Test Score                                      School Counselor/Advisor's Name



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## III. PARENT INFORMATION (1)

Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone Preferred Phone Contact

Occupation Employer Personal Email Copy me on my child's emails Yes or No?

Add my e-mail address to ACES E-newsletter list Yes or No?

### Relationship to Student

- Mother
- Father
- Guardian
- Step-Parent
- Other \_\_\_\_\_

## PARENT INFORMATION (2)

Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone Preferred Phone Contact

Occupation Employer Personal Email Copy me on my child's emails Yes or No?

Add my e-mail address to ACES E-newsletter list Yes or No?

### Relationship to Student

- Mother
- Father
- Guardian
- Step-Parent
- Other \_\_\_\_\_

## 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.*

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## V. Information to be completed by school advisor or registrar:

Name of advisor/counselor/registrar	Title	School Phone Number
Signature of advisor/counselor/registrar (official school transcript may be substituted)		Date

I certify that \_\_\_\_\_ has a current overall GPA of \_\_\_\_\_ (on a 4 point, non-weighted scale).  
(Student name)

I certify that \_\_\_\_\_ class rank is \_\_\_\_ of \_\_\_\_.  
(Student name)

## VI. Student and Parent Understanding of Application:

Student Expectations:

1. Students are expected to display professional behavior throughout the program including all events and workshops (this includes appropriate dress).
2. The use of profane or vulgar language will not be tolerated.
3. Cell phones will be kept on silent/vibrate. Students will be allotted breaks to use their cell phone and at other times will be actively involved in the workshop.
4. Students **must wear closed-toed shoes to workshops, when requested for safety.**
5. Students will wear their hair pulled back and out of their eyes and face, when requested for safety.
6. Students participating must stay with the group for the duration of the workshop, and will not leave until the workshop is over (unless there is an emergency).
7. Students are expected to attend the entire workshop and actively participate in workshop activities. If the student has any physical limitations, they are to be provided in writing on the application. This would also include any medications that they may need during a workshop or strenuous activity. (examples: inhalers, epinephrine pens, etc)
8. If the student is exposed to protected health information, through shadowing/volunteering they will abide by the HIPAA laws and not disclose anything they hear or see to anyone for any reason. An overview of the HIPAA laws can be found at <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>.
9. Students will provide their own method of transportation to and from the workshops.

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. **I understand that ACES is a longitudinal program and if I am selected, I agree to supply all information as requested by MAHEC to enable them to assess my progress toward a healthcare career.**



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I hereby consent that if I/my child am/is accepted to the ACES program, I/they will be exposed to various potential hazards through our workshops. In NEMO AHEC's efforts to prepare students for the medical field, travel to visit various professional schools or workshops may be required. Students may also be exposed to sharp objects or chemicals in dissection and cooking workshops such as knives, scalpels, tweezers, probes, or formaldehyde. I acknowledge that the Northeast Missouri Area Health Education Center and its workers or volunteers, will not be held responsible for any injury or accident that might occur while traveling or participating in this program and that any medical expenses incurred as a result of such injury or accident will be my responsibility. I/they understand and agree to act responsibly and comply with rules, expectations, and regulations of NEMO AHEC, and its workers, or volunteers. Failure to comply may result in dismissal from a workshop or in severe cases the program entirely.

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**Student signature**

**Date**

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**Parent/Guardian Signature**

**Date**

## VII. Media Release:

I authorize the Northeast Missouri Area Health Education Center (NEMO AHEC) and those acting under its permission or authority, to permanently use and publish for lawful purpose any video pictures/photographs of me in which may be included in whole, or in part, or any words I have spoken about the program and its workers for the duration of my enrollment/renewal in the program. I waive my right that I may have to approve the finished product or copy or use to which it may be applied. I release and discharge NEMO AHEC and those acting under its permission or authority, from any liability for the use of any picture or video of me, or of any words I have spoken about the NEMO AHEC program and its workers.

I have read the release (sections VI and VII) before signing it, and am fully familiar with the contents thereof.

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**Student Signature**

**Date**

I have read the application and the release (sections VI and VII) 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.

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**Parent/Guardian Signature (Required if student is under the age of 18 years)**

**Date**

**Applications are due by August 31<sup>st</sup>.**

**Return to:** NEMO AHEC  
Attn: Raven Eisenberger  
312 S. Elson Street  
Kirksville, MO 63501

**Phone: 660-665-6404**  
**Fax: 660-665-6439**  
**E-mail: [reisenberger@nemoahec.org](mailto:reisenberger@nemoahec.org)**  
**Website: [www.nemoahec.org](http://www.nemoahec.org)**