Career Development Facilitators, Parents & Students

The Greensboro AHEC is now accepting applications for the 2018-2019 Teen Health Career Club. The teen health career club will meet monthly on the second Monday of each month at 200 East Northwood Street is across the street from Cone Health formerly Moses Cone Hospital. The club is composed of student’s grades in 9-12 that have a serious interest in pursuing a career in healthcare.

We are now accepting applications for the 2018-2019 you can obtain an application from gahec.org.

Starting with a healthy dinner from 5:30-8:00p.m., students will:

- Involvement and engagement in community service, Address community health issues. Meet other health career interested students, Participate in an array of science workshops designed to prepare them for service learning to include: Vulnerable populations, Cultural competency, Ethical & Legal issues
- Health Care skills CPR & AED Certifications and Passport completer.

Eligible students must: Reside in either of the following counties: Guilford, Alamance, Caswell, Chatham, Rockingham, Randolph, Montgomery and Orange

- Have at least a 2.8/4.0 GPA (Copy of last report card or transcript must be submitted with application.)

- Be in grades 9–12

- Have an interest in learning more about careers in healthcare and willing to commit to meeting on the second Monday of each month Oct- May.

Students can obtain application by visiting www.gahec.org. Registration for the program is $100 and $90 for students that receive free or reduced lunch. Exceptions will be made for students with special circumstances. If you have any questions, please contact Patricia Parrish, 336-832-8266 All applications must be received by close of business on September 7, 2018 Mail to: Greensboro AHEC-Attn: Health Careers, 1200 N. Elm Street Greensboro, NC 27401 Fax: 336-832-3590 Phone: 336-832-8266

Sincerely,

Patricia Parrish
2018-2019 HEALTH CAREER CLUB APPLICATION

First Name ___________________ Last Name ___________________ MI ___ Nick Name: _______

Race/Ethnicity:

- American Indian/Alaska Native
- Asian (specify)
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White Caucasian
- More than one race (specify)
- Male
- Female

Birth Date: ________________

Check all that apply:

- Returning Student __________
- High School ________

GRADE ____ GPA _____ SAT Score _____ ACT____ Are you involved in any other health clubs or school activities/sports that will propose a problem with you attending the Teen Health Club 2nd Monday meetings? If so, please specify?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Where do you attend school? _____________________________ Will you be taking a medical careers or CNA course this semester or Pharmacy Tech?

_________________________________________________________________________________

Health Career Interest: (Please be as specific as possible. For example: nurse, physician.

_________________________________________________________________________________

__________________________________________
Home Address ____________________________________________
<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home Phone</th>
<th>Student Cell Phone (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents/Guardian Name</td>
<td></td>
<td></td>
<td>Parent Work Phone</td>
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<tr>
<td>Student/ Email Address</td>
<td></td>
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<td>Student Cell Phone</td>
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<tr>
<td>Parent Email Address</td>
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<td>Parent Cell Phone</td>
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**Payment Options:**
- Check (Make checks payable to: Greensboro AHEC)
- Visa
- MasterCard
- Discover

Card Number _______________________
Expiration date ____________________
Last 3 digits of the card.

Name & Address of cardholder:

Authorized Signature

Printed Name as it appears on card

**Check One:**
- $100.00 Registration
- $90.00 Reduced Registration-Attach proper documentation or obtain Career Development Facilitator signature or school official signature below to indicate that student qualifies for free or reduced lunch.

School Official Printed Name

School Official Signature

**Mail Application to:**
Greensboro AHEC-Attn: Health Careers
1200 N. Elm Street
Greensboro NC 27401
Fax: 336-832-3590
Phone: 336-832-8266
Health Career Club Recommendation Form

Note: We will need a copy of your transcript attached to this application. For rising ninth grade students we will accept your final report card. Please have your math or science, teacher to complete the recommendation form. Please have forms sent to: or you can attached the enclosed envelope with your application: Greensboro AHEC ATTN: Health Careers & Workforce Diversity

Using the space below (do not attach additional sheets), answer the following questions:

What Health Career are you interested in and Why?

________________________________________________________________________

________________________________________________________________________

Math, Medical Careers or Science or Teacher Recommendation: Students, please have one of these teachers complete this section.

Teacher Name___________________________________________________________

Subject (check one):  ____ Math or  ____ Science ___Medical Careers

School Name___________________________

How long have you known this student and in what context?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why do you feel that this student would be a good candidate for the Health Career Club Program?

________________________________________________________________________

________________________________________________________________________