

THE NC AHEC SCHOLARS PROGRAM

Application Check-List

KEEP THIS PAGE FOR YOUR REFERENCE

Application Packet Includes:

1. **BEFORE YOU BEGIN YOUR APPLICATION:** Please see the attached list of all accepted programs to participate in the Scholars program. In order to be eligible for the Scholars program you must already be enrolled in one of these programs listed. [Click here for a list of accepted programs.](#)
2. Completed Application
3. Official Transcript
4. Two general Letters of Recommendation
5. Updated Resume

All applications should be completed by **April 30th** for **priority deadline**.

We will continue to accept applications on a rolling basis through **June 30th**. Applicants will be notified by **July 31st, 2018**.

Please email your completed application packet to:

Bridget Mancini at bridget.mancini@conehealth.com



THE NC AHEC SCHOLARS PROGRAM

The NC AHEC Scholars Program recruits, trains, and supports a diverse group of students from across the state, creating a multidisciplinary team of health professionals committed to both community service and the transformation of health care in North Carolina. We seek individuals who are committed to improving health and health care, devoted to community service, and interested in improving their own skills and in working with other professionals in team-based care.

With an emphasis on individuals from underrepresented minority populations and/or from disadvantaged/rural backgrounds, as well as first-generation college students, the NC AHEC Scholars Program aims to improve the diversity and distribution of all health professions and to support health systems transformation across the state. Each class of NC AHEC Scholars represents a variety of health professions and institutions from every region of North Carolina.

Selected applicants participate in a two-year educational program and may receive an \$800 travel expense subsidy (\$400 per year, subject to academic or institutional approval). Each AHEC Scholar will receive a NC AHEC Scholars Certificate, setting them apart from other students in an increasingly competitive environment. Selected scholars will meet students and faculty from other schools and across the region and state. They will also have the chance to meet leaders in health care and make connections with other participants, creating an invaluable network for their future careers.

PROGRAM ELIGIBILITY

NC AHEC Scholars must:

- Be enrolled in a college-level health professions education training program in North Carolina by August 31, 2018
- Be enrolled in one of the accepted programs ([Click here for a list of accepted programs.](#))
- Have reliable access to Wi-Fi
- Have reliable transportation, and
- Be eligible to work inside the United States

REQUIREMENTS

Each NC AHEC Scholar must:

- Be committed to the program for a total of two years,
- Complete 40 hours of didactic training each year of the program, and
- Complete 40 hours of experiential training each year of the program
- Two letters of recommendation (please have recommender's send via email)
- Resume
- Official transcript

2018 NC AHEC SCHOLARS APPLICATION



Part 1: APPLICANT INFORMATION

_____ Last Name	_____ First Name	_____ Middle Name
_____ Year of Birth	_____ Gender	

PERMANENT/HOME ADDRESS

_____ Street Address	_____ Apartment Number	
_____ City	_____ State	_____ Zip Code

CONTACT INFORMATION

_____ Home Phone	_____ Cell Phone
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Email Address

This will be the primary address for contacting you during the application process. Please use a personal email address and NOT a school email address. We want to keep in touch with you after the program, and you may lose access to your school email.

RACE/ETHNICITY (SELECT ALL THAT APPLY)

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Other (please specify) _____		

ETHNIC GROUP	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic
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LANGUAGES

Do you speak any languages other than English? Yes No

If yes, what language(s)? _____

Part 2: ACADEMIC INFORMATION

HIGH SCHOOL EDUCATION

Name of High School _____ Graduation Year _____

City _____ State _____ County _____

UNDERGRADUATE EDUCATION

College/University/Community College you are currently attending _____ Anticipated Graduation Date (mm/yyyy) _____

City _____ State _____ What year are you currently in? _____

GRADUATE EDUCATION (if applicable)

College/University/Community College you are currently attending _____ Anticipated Graduation Date (mm/yyyy) _____

City _____ State _____ What year are you currently in? _____

DISCIPLINE/PROGRAM ENROLLED

Allied Health (specify specialty) Clinical Psychologist Dental
 Dietician Medicine (MD/DO) MHA
 Nursing Pharmacy Physicians Assistant
 Physical Therapy Physician Therapy Assistant Public Health
 Radiography Respiratory Social Work
 Other (specify) _____

What program of study? (please refer to list of accepted programs) _____

Specify: 1 Year 2 Year 4 Year

Are you required to perform clinical hours for your current program of study? If so how many hours? _____

Yes No

HONORS/SCHOLARSHIPS

What academic honors and/or scholarships have you received?

What extracurricular activities have you participated in?

Part 3: FAMILY / BACKGROUND

Are you the first generation in your family to attend college? ___ Yes ___ No

Will you be the first in your family to receive a bachelor's degree? ___ Yes ___ No

If applicable, describe any family or personal hardships or unique circumstances you would like to share.

Part 4: INTEREST INFORMATION

How did you learn about the NC AHEC Scholars Program?

Have you participated in AHEC health careers programs? ___ Yes ___ No

(For example: summer camps, conferences, academic enrichment programs)

If yes, state which AHEC, the program name, and the dates attended:

Indicate other programs that you have participated in:

SEP Science Enrichment Preparation Program

MED Medical Education Development Program

Other (please specify) _____

Part 5: ESSAY

Respond to one of the essay questions below in 300 to 500 words. Please be sure to answer all parts of the question.

ESSAY 1

Describe your background and career goals. Explain any unusual aspects of your preparation and/or record. How do you feel the AHEC Scholars Program will be of benefit to you in accomplishing your academic and career goals?

ESSAY 2

Tell us about your proudest achievement, a time where you built something meaningful or important or made a significant contribution in the health field or in community service.

ESSAY 3

Why are you pursuing a health profession and what do you think is the most important aspect of a health care professional's career?

Essay choice chosen: Essay 1 Essay 2 Essay 3

RESPONSE

Part 6: LETTERS OF REFERENCE

Please attach two letters of reference from teachers/faculty, community leaders, mentors, etc., and provide your references' contact information below.

REFERENCE 1

_____	_____	_____
Name	Phone Number	Email Address

Relationship to you		

REFERENCE 2

_____	_____	_____
Name	Phone Number	Email Address

Relationship to you		

Part 7: CITIZENSHIP

NOTICE: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

AVISO: La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

THE NC AHEC SCHOLARS PROGRAM

Possible Requirements after Acceptance into the Program

- ✓ Tetanus booster within the past ten years
- ✓ Measles vaccination (if participant was born after 1957)
- ✓ Rubella immunization (unless participant provides serologic confirmation of immunity)
- ✓ Mumps immunization (unless participant provides serologic confirmation of immunity)
- ✓ Intradermal, protein-derivative-type tuberculin skin test within the past twelve months (unless participant is known to have an allergic or positive reaction to same, in which case a chest X-ray is required)
- ✓ Hepatitis B vaccination series (unless participant signs and appropriate declination from)
- ✓ Varicella immunization (unless participant provides serologic confirmation of immunity)
- ✓ Influenza vaccination
- ✓ Prior to the AHEC Scholars Clinical Experience, students must complete and submit a urine drug screen (minimum drug screening requirements include testing completed at a CAP or SAMSHA certified lab using a nine panel test including marijuana, cocaine, methamphetamines, benzodiazepines, PCP 9phencyclidine, opiates, methadone, barbiturates, and propoxyphene.)
- ✓ Proof of Liability coverage worth 1-5 million coverage
- ✓ Copy of Photo ID

If you are missing any of the above requirements, upon acceptance to the program we will notify you of the next steps to take and how to complete these requirements. If you have any further questions please feel free to reach out to Bridget Mancini, at bridget.mancini@conehealth.com or Patricia Parrish at patricia.parrish@conehealth.com