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**THE NC AHEC SCHOLARS PR** **OGRAM**

**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.

Area L AHEC has partnered with Barton College to recruit health professional students. 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 $2000 travel expense subsidy ($1000 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 an allied-health related major (Gerontology, Health Promotion, Exercise Science, or Health Care Administration, or Social work)
* be committed to the program for a total of two years
* have a minimum of two more years of academic eligibility as the program is two years long
* be eligible to work inside the United States

 **REQUIREMENTS**

* complete 40 hours of didactic training each year of the program, and
* complete 40 hours of experiential clinical training each year of the program.

**Part 1: APPLICANT INFORMATION**

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Last Name First Name Middle Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Birth Gender

**PERMANENT/HOME ADDRESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Home County

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**CURRENT/LOCAL ADDRESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apartment Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**CONTACT INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (personal) Email Address (Barton)

**RACE/ETHNICITY (SELECT ALL THAT APPLY)**

 American Indian/Alaskan Native  Hispanic or Latino   Asian

 Native Hawaiian/Pacific Islander  Black or African American  White/Caucasian

 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNIC GROUP**  Hispanic/Latino  Non-Hispanic

**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

**COLLEGE EDUCATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

Major(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: FAMILY / BACKGROUND**

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

Will you be the first in your immediate 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: YOUR REFLECTION**

Respond to the question below in one to two paragraphs. Please be sure to answer all parts of the question.

Describe your background and career goals. How to you feel the AHEC Scholars Program would be of benefit to you in accomplishing your academic/career goals?



**Part 5: COMMITMENT STATEMENT and REFERENCE**

I understand the benefits of the AHEC Scholars Program and by applying am committed to participating in the 2-year program. I will conduct myself in a professional manner during clinical and didactic courses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name Date

I am the advisor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and recommend this student participate in the AHEC Scholars program based on his/her interest in exploring opportunities in health care and professionalism demonstrated in classes and/or commitments on campus.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name Date