Mid-Carolina AHEC, Inc.

Health Careers Program

8th Grade Medical Explorers Program Application

Applications must be postmarked by November 20
(You will be notified of your acceptance status **via email** by November 24)

Return completed application, teacher recommendation letter, and transcript to:
Whitney Amaker, Health Careers Program Coordinator
wamaker@midcarolinaahec.org

PLEASE NOTE: Participants are selected based on academic achievement, community service, teacher recommendation, and enthusiasm for health professions. Be sure to fill out each question completely, sign the application, and get a parental signature if you are under 18.

Please use **black ink** when completing this application.

Print clearly so your writing is easy to read.

Do **not use cursive handwriting**.

Name: (Last) _____ (First) _____ (Middle Initial) _____

Name of School You Are Presently Attending: _____

Home Address: (Street) _____

(City) _____ (State) _____ (Zip) _____ **Gender:** _____ F _____ M

_____ Decline to Self-Identify

Phone: (Student Cell) _____ (Parent Cell) _____

Student E-Mail (PRINT CLEARLY): _____

(**Please DO NOT USE your school email**)

Parent E-Mail (PRINT CLEARLY): _____

County: _____ **Guidance Counselor Name:** _____

Date of Birth (Mo/Day/Year): ___/____/_____

Mid-Carolina AHEC
Area Health Education Center

Please answer the following questions as completely as possible. You may attach separate sheets of paper.

1. **Please list your extracurricular activities and honors, including community service, leadership responsibilities, healthcare volunteer hours, and work experience.**

2. **What careers are you currently considering overall (all fields)?**

Essay Questions (Please answer ALL questions on a separate sheet of paper: typed using 12 pt. font)

3. **What healthcare/science career are you most interested in pursuing and why?**

4. **What makes you a good candidate for this program? What do you think you will gain from the program?**

Recommendation Letter

5. **Please attach ONE recommendation form (no more than 2 pages) from a math or science teacher, whose course you have attended within the last two years, or a guidance counselor.**

Other: Please Complete For Internal Use

6. **Do you plan to attend college? _____ Yes _____ No**

Please check all that apply:

_____ Community College _____ 4-Year College In-State _____ 4-year College Out-of-State

7. **Do you anticipate becoming the first generation in your family to attend college?**
   ☐ Yes ☐ No

8. **How do you describe yourself? (optional):**
   - **A. Mexican/Mexican-American**
   - **B. Other Hispanic**
   - **C. Native American**
   - **D. Asian/Asian-American**
   - **E. Puerto Rican**
   - **F. Native Hawaiian/Pacific Islander**
   - **G. White/Caucasian**
   - **H. Black/African American**
   - **I. Bi-Cultural/Other: _____**

1824 Hwy. 9 By-Pass West · P.O. Box 2049 · Lancaster, SC 29721
Phone: 803-287-4900 · Fax: 803-286-4165

Mid-Carolina AHEC
Area Health Education Center

9. How did you hear about this program?
Teacher ____ Friend ____ Past Attendee ____ Poster/flyer ____ Web ____ Newspaper ____ Other ____

Referring Teacher, Student, or Friend Name: _____

10. Parental Release (REQUIRED): I am aware and agree that South Carolina AHEC/Mid-Carolina AHEC Inc., hereafter called AHEC, its agents, officers, employees and assigns are not, nor will they be held personally or officially liable for any and all damages resulting from any and all incidents, accidents, injuries, or claims which may arise out of my (my child's-if a minor) participation in the any AHEC sponsored activity. I understand that I (my child) is participating in this program and its program activities totally at my (my child's) own risk. AHEC will not, in any circumstances, be held liable for any accidents, incidents, injuries, or claims which may arise out of such program activities, including but not limited to field trips, outings, tours, transportation, or any other activities. WHEREOF, I waive any and all rights that may arise to hold liable by any cause of action of AHEC, its agents, officers, employees, and assigns in their official and personal capacity.

I hereby grant full permission to the South Carolina Area Health Education Consortium (AHEC) to prepare, use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, or voice, or any or all of them in connection with the production of a video recording, audio recording, or still photography in any manner for educational, marketing, publication, informational and any other professional purpose deemed necessary from the following event(s). I hereby waive all rights of privacy or compensation that I may have in or in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said video, audio recording, or still photography and any use to which the same or any material therein may be put, applied or adapted by the South Carolina AHEC, and any of its agencies, i.e., Regional AHEC Centers.

PARENT SIGNATURE

Parental name (please print):	
Parental signature (Required):	**Date:**

APPLICANT SIGNATURE

Applicant's name (please print):	
Applicant's signature (Required):	**Date:**

Mid-Carolina AHEC
Area Health Education Center

Teacher Recommendation Form

Student Name: _____

Teacher completing this form: _____ Date: ___/___/_____

Please evaluate student on a scale of 1-5, with 5 being the highest.
(One number per score box). Recommendations are confidential.

Category	Score	Comments
Motivation: Academic Achievement Independence, Initiative Regular Attendance, Punctuality Disciplined Work Habits		
Intellectual Ability: Originality/Creativity Critical/In-depth Thinker Insightful Articulate		
Maturity: Positive Conduct Handles Stress Well Accepts Criticism Accepts Responsibility for Own Behavior Leadership Potential		
Genuine Interest in Learning: Enjoys Your Class Subject Communicates Concepts Clearly Works Up to Potential		
Ability to be Trusted: With Expensive Equipment (cameras, computers, etc.) On camera with appropriate behavior Around school and at school events while on assignment		
Overall Recommendation: Best Prediction of Success in the AHEC Health Career Academy		
TOTAL SCORE		(30 is highest)

1824 Hwy. 9 By-Pass West · P.O. Box 2049 · Lancaster, SC 29721
Phone: 803-287-4900 · Fax: 803-286-4165