

# ACES+ / PRIMO Application

A program of the Missouri Area Health Education Centers (MAHEC)  
And the Primary Care Resource Initiative for Missouri (PRIMO)

Only students interested in Primary Care will be considered for the ACES/PRIMO program (i.e. family medicine, internal medicine, general pediatrics, Bachelor of Science in nursing, and advanced practice nurses, general dentistry)



Additional applications may be obtained by contacting your Regional AHEC and are accepted throughout the school year. Only complete applications will be accepted. Application Requirements include:

- Must have 3.0 GPA (on 4.0 scale)
- Completed application
- Letter of recommendation from school advisor or faculty member (current PRIMO students exempt)
- Letter of recommendation from a non relative outside the school system (current PRIMO students exempt)
- Essay that explains your personal interest in a primary care profession (current PRIMO students exempt)
- Copy of transcript through the previous quarter of application date

**APPLICATION DEADLINE: September 15, 2004**

## I. STUDENT INFORMATION

Please type or print legibly in ink all responses below

Last Name First Name (Preferred Name) Middle Initial Social Security Number

Birth Date (Month/Day/Year) Home Phone Number (Including Area Code)

Street Address PO Box/Rural Route

City State County Zip Code

**Gender:**

- Female  
 Male

**Ethnicity: (optional)**

- Hispanic/Latino  Yes  
 No

**Race: Check one or more (optional)**

- American Indian or Alaska Native  
 African American  
 Native Hawaiian or Other Pacific Islander  
 Asian  
 Caucasian

## II. SCHOOL INFORMATION

Name of School Currently Attending Current Year in School

School Address City State

County Zip Code Phone (Including Area Code)

ACT or Aptitude Test Score

School Advisor's Name

What is your current health career interest? \_\_\_\_\_

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

### III. PARENT INFORMATION

Please fill out your parent(s) or guardian(s) information in the section below:

Parent/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Code

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Relationship to Student**

- Mother
- Father
- Guardian
- Step-Parent

**Islander**

- Other \_\_\_\_\_

**Ethnicity: (Optional)**

Hispanic/Latino  Yes  No

**Highest level of education completed:**

- High School/GED
- Professional/Technical School (1-2 yrs)
- Some college (degree not obtained)
- College (Associates degree)

- College (Bachelors degree)

- Graduate School

- Other \_\_\_\_\_

**Race: Check one or more (Optional)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific

- White

- Other \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Code

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Relationship to Student**

- Mother
- Father
- Guardian
- Step-Parent

**Islander**

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**Ethnicity: (Optional)**

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- College (Bachelors degree)

- Graduate School

- Other \_\_\_\_\_

**Race: Check one or more (Optional)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific

- White

- Other \_\_\_\_\_

**Total Annual Household Income:**  
(for the household in which the applicant resides)

- Less than \$15,000
- \$15,001-\$20,000
- \$20,001-\$25,000

- \$25,001-\$30,000
- \$30,001-\$35,000
- \$35,001-\$40,000

- \$40,001-\$50,000
- \$50,001-\$60,000
- Above \$60,001

Number of persons living in the household: \_\_\_\_\_

**IV. Previous AHEC Program Participation:**

I have participated in the following program(s):

PRIMO Program(s): Title: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_

Upward Bound, Dates: \_\_\_\_\_

\_\_\_\_\_

Health Career Camps/Program Names: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_

Job Shadowing Dates: \_\_\_\_\_

\_\_\_\_\_

Practitioner/Health Care Facility: \_\_\_\_\_

\_\_\_\_\_

Other Health Career Associated Programs or Experiences: \_\_\_\_\_

*(Titles and dates)*

\_\_\_\_\_

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

\_\_\_\_\_  
Name Title School Phone Number

\_\_\_\_\_  
Signature Date

I certify that \_\_\_\_\_ has a current overall GPA of \_\_\_\_\_ (on a 4 point scale).

I certify that \_\_\_\_\_ class rank is \_\_\_\_\_ of \_\_\_\_\_.

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+/PRIMO program. If I am selected for the ACES+/PRIMO program and choose to participate, I agree to abide by all program rules and guidelines. I understand that ACES+/PRIMO is a longitudinal program and if I am selected, I agree to supply all information as requested by the MAHEC to enable them to assess my progress toward a health care career.

\_\_\_\_\_  
Student Signature Date

**Please return completed application to:**  
Mid-MO AHEC  
1103 West Twelfth Street  
Rolla, MO 65401

**If you have questions, please call:**  
**Mark Hedger**  
**573-364-4797**  
*(This form may be copied to produce more blank applications)*