



# Missouri Area Health Education Centers

Connecting students to careers, professionals to communities,  
and communities to better health

## PRIMO ACES/ACES+ Application for High School & Undergraduate Students

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

*Applications may be submitted throughout the school year, students may not be accepted until the next enrollment period.  
Additional applications may be obtained by making copies of this application or by contacting your Regional AHEC.*

◆ **Only complete applications will be accepted.**

◆ **Application Requirements:**

- ◆ Must have a minimum of 3.0 GPA (on 4.0 non-weighted scale)
- ◆ Fully completed application with all of the following:
  - Letter of recommendation from school counselor or faculty member
  - Letter of recommendation from a non relative
  - Essay that explains your personal interest in a primary care profession
  - Copy of transcript through the previous quarter of application date

Select one:     **ACES (High School Students)**     **ACES+ (Undergraduate Students)**    **2009-2010 year**

Please specify your career interest: \_\_\_\_\_

The ACES eligible fields are:

<u>Physicians (MD/DO)</u>	<u>Nursing → Nurse Practitioner</u>	<u>Dentistry</u>
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Bachelor Science Nursing	<input type="checkbox"/> General Dentistry
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Dental Hygienist
<input type="checkbox"/> Internal Medicine		
<input type="checkbox"/> Obstetrics/Gynecology		

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

### **I. STUDENT INFORMATION** *Please type or print legibly in ink all responses below*

Last Name	First Name (Preferred Name)	Middle Initial	XXX-XX- Last 4 digits of Social Security Number
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Birth Date (Month/Day/Year)	Home Phone Number (Including Area Code)	Cell Phone Number (Including Area Code)
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Permanent Street Address	PO Box/Rural Route	Personal Email Address
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City	State	County	Zip Code
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: (optional) Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	Race: Check all that apply (optional) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (describe specifically) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian (White)

### **II. SCHOOL INFORMATION**

Name of School/College/University Currently Attending	Grade in School/College/University for 2009-2010	Expected date of Graduation
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School/College/University Address	City	MO State	School Counselor/Advisor's Name
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ACES + Only: Student's School/College/University Address	City	MO State
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County	Zip Code	Phone (Including Area Code)	ACT or Aptitude Test Score
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## III. PARENT INFORMATION (ACES Required, ACES+ Optional)

Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone (Optional)

Occupation Employer Email (Optional)

### Relationship to Student

- Mother
- Father
- Guardian
- Step-Parent
- Other \_\_\_\_\_
- Student lives at same residence

### 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 \_\_\_\_\_

Ethnicity: (Optional) Hispanic/Latino  Yes  No

- Race: Check all that apply (Optional)**
- American Indian or Alaska Native
  - Asian (describe specifically) \_\_\_\_\_
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - Caucasian (White)

Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone (Optional)

Occupation Employer Email (Optional)

### Relationship to Student

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- Graduate School
- Other \_\_\_\_\_

Ethnicity: (Optional) Hispanic/Latino  Yes  No

- Race: Check all that apply (Optional)**
- American Indian or Alaska Native
  - Asian (describe specifically) \_\_\_\_\_
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - Caucasian (White)

### Total Annual Household Income:

(for the household in which the applicant resides)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$40,001-\$50,000 |
| <input type="checkbox"/> \$15,001-\$20,000  | <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> \$50,001-\$60,000 |
| <input type="checkbox"/> \$20,001-\$25,000  | <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> Above \$60,001    |

Number of persons dependent on the household income (number of exemptions claimed on IRS forms): \_\_\_\_\_

### Optional Demographic Information:

- Qualified for free or reduced lunch program in school (K-12)
- English is your second language
- Will be the first in family to receive a college education
- Received Financial Aid for college: Circle Type → Scholarships; Federal funds; Grants; PRIMO Loans; AHEC Funds; Preceptor site; Other \_\_\_\_\_



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## IV. AHEC Program Participation or other Health Career Exploration:

I have participated in the following program(s): *If additional space is needed, write on the back of the application.*

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

Upward Bound: Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Health Career Camps/Programs: Title: \_\_\_\_\_ Dates: \_\_\_\_\_

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

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

Other Health Career Programs or Experiences (ex: CPR Certification, volunteerism, working in a healthcare facility):  
\_\_\_\_\_

Participated in a school of medicine student recruitment activity (Ex: Mini Medical School): \_\_\_\_\_  
*(Titles and dates)*  
\_\_\_\_\_

## V. Information to be completed by school advisor or registrar: (ACES Required; ACES+ Recommended)

Name of advisor/counselor/registrar \_\_\_\_\_ Title \_\_\_\_\_ School Phone Number \_\_\_\_\_

Signature of advisor/counselor/registrar (official school transcript may be substituted) \_\_\_\_\_ Date \_\_\_\_\_

I certify that \_\_\_\_\_ has a current overall GPA of \_\_\_\_\_ (on a 4 point non-weighted 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** \_\_\_\_\_

I have read the application and certify that the information is accurate. I give permission for my child to apply and participate in this program. If my child is accepted, I understand that I will receive additional information regarding the program. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to MAHEC and ACES/PRIMO surveys regarding my child and his/her progress. I understand that this information will remain confidential.

**Parent/Guardian Signature (ACES Required, ACES+ Optional)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return to: Jen Kresse, Workforce Development Coordinator, Mid-MO AHEC, 1110 West 11th Street, Rolla, MO 65401  
or e-mail [jen@maheclibrary.org](mailto:jen@maheclibrary.org)**