

# 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 \$1,000 travel expense subsidy (\$500 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, 2020,
- 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.

# 2020 NC AHEC SCHOLARS APPLICATION



## Part 1: APPLICANT INFORMATION

\_\_\_\_\_  
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

### Personal **AND** School Email Addresses

If accepted, your school email will be the point of contact during the program. Your personal email will be used for follow-up after the program.

### 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 you are currently attending

\_\_\_\_\_  
Anticipated Graduation Date (mm/yyyy)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

### DISCIPLINE/PROGRAM ENROLLED

☐ Allied Health (specify specialty)

☐ Clinical Psychologist

☐ Dental

☐ Dietetics/Nutrition

☐ Medicine (MD/DO)

☐ MHA

☐ Nursing (specify specialty)

☐ Pharmacy

☐ Physicians Assistant

☐ Physical Therapy

☐ Physician Therapy Asst.

☐ Public Health

☐ Radiography

☐ Respiratory

☐ Social Work

☐ Other (please specify) \_\_\_\_\_

Specify specialty, if applicable: \_\_\_\_\_

### 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 immediate family to receive a 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? If referred by a current AHEC Scholar, who?

Have you participated in AHEC health careers programs?

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

☐

Yes

☐

No

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 email the separate recommendation form to two (2) recommenders, such as teachers/faculty, community leaders, mentors, coaches, etc. and ask that he or she submit the letter of recommendation directly to Blair Savoca, Director of AHEC Scholars Program, at [ncahecscholars@ecu.edu](mailto:ncahecscholars@ecu.edu). Application and references due April 30, 2020.

**REFERENCE 1**

Name	Phone Number	Email Address
Relationship to you		

**REFERENCE 2**

Name	Phone Number	Email Address
Relationship to you		