

## 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 \$800 travel expense subsidy (\$400 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, 2019,
- 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.

# 2019 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

\_\_\_\_\_  
Email Address

This will be the primary address for contacting you during the application process. Please use a personal email address and NOT a school email address. We want to keep in touch with you after the program, and you may lose access to your school email.

### 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?

Have you participated in AHEC health careers programs?  Yes  No  
(For example: summer camps, conferences, academic enrichment programs)

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 Paige Fuqua, Director of AHEC Scholars Program, at [ncahecscholars@ecu.edu](mailto:ncahecscholars@ecu.edu). Application and references due April 30, 2019.

### REFERENCE 1

_____	_____	_____
Name	Phone Number	Email Address
_____		
Relationship to you		

### REFERENCE 2

_____	_____	_____
Name	Phone Number	Email Address
_____		
Relationship to you		