

NYS AHEC Scholars Program

Student Application



ON-LINE FORM DIRECTIONS:

Please complete the following application **ONLINE** in order to be considered for the NYS AHEC Scholars Program: https://www.surveymonkey.com/r/NYSAHEC_Scholars

Confidentiality Statement:

As an applicant, all information you share about yourself will be kept confidential. NYS AHEC is required to report general demographic information about participants in the categories within this application. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form.

Before you begin filling out this application, please make sure you have the following two documents ready to upload as .doc, .docx or .pdf files:

① ESSAY: We would like to get to know you through this application and believe that a thoughtful, well-constructed essay is an important step in the process. As a general guideline, the length of your application essay should be a minimum of 300 words. Within your essay, please respond to the following questions:

Why you would like to participate in the NYS AHEC Scholars program?

How will the NYS AHEC Scholars Program benefit you in accomplishing your academic and/or career goals?

② Letter of Recommendation: Stories about your behaviors, impact, and personal qualities told by others play an essential role in the evaluation of your application. Your letter of reference should provide specific examples and anecdotes that illustrate your ability and desire to be an AHEC Scholar. Please attach one letter of reference from a teacher, faculty member, community leader, mentor, etc., and provide your reference's contact information.

NOTE: If the person who is writing your Letter of Reference would rather send the letter directly, please upload their Name and Contact information instead of the actual letter.

The completion of this application is estimated to take 8 - 10 minutes.

Program Eligibility Criteria Acknowledgement

Please read the following eligibility regarding participation in the NYS AHEC Scholars Program:

- Applicants must be actively enrolled/matriculated in either a health professions degree program or allied health workforce program.
- If accepted, students must maintain active enrollment in a health professions degree or allied health workforce program for the duration of their program participation (i.e. two years)

(1) Please check the box below to indicate your understanding of the above criteria.

- I have read and understand the above participant eligibility criteria. There may be additional eligibility criteria based on funding requirements and student degree matriculation. Failure to meet the above criteria will result in non-consideration for the program.

STUDENT CONTACT INFORMATION

First Name:		Last Name:	
Street Address:	City:	State:	ZIP Code:
Permanent Address (if different):	Permanent City:	State:	ZIP Code:
Phone Number:	Primary Email Address:	Secondary Email Address:	

STUDENT DEMOGRAPHIC INFORMATION

What is your Date of Birth? mm/dd/yyyy:
 ___ / ___ / ____

What is your GENDER?

Male
 Female
 Other: _____
 Preferred not to answer

Which best describes your RACE? *(Choose all that apply)*

African American/Black
 American Indian /Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander
 White
 Prefer not to answer
 Other: _____

Are you Hispanic or Latino?

Yes No

 Prefer not to answer

Are you a VETERAN?

Yes* No Prefer not to answer

Do you speak any languages other than English?

No YES*

 *If Yes, please specify:

Name of High School attended: _____

City: _____ State: _____

High School Graduation Year:

While growing up, did you live in a Rural area? *For example, in a town with a population of less than 2,500 people.*

Yes
 No
 I'm not sure
 Prefer not to answer

While growing up, did you or your family use federal or state assistance programs? *Examples of programs include: free or reduced school lunch, subsidized housing, food stamps, Medicaid, etc.*

Yes
 No
 I'm not sure
 Prefer not to answer

Have you had or do you currently receive a scholarship or loan for disadvantaged students?

Yes
 No
 I'm not sure
 Prefer not to answer

AHEC CENTER AFFILIATION

Please select the AHEC Center that you are associated with. (Please note that AHEC Center association for the Scholars Program is determined based on the location of the academic institution that you are attending.)

- Brooklyn-Queens-Long Island AHEC (counties served: Kings, Queens, Nassau, and Suffolk)
- Bronx-Westchester AHEC (counties served: Bronx and Westchester)
- Catskill Hudson AHEC (counties served: Columbia, Delaware, Dutchess, Greene, Orange, Otsego, Putnam, Rockland, Schoharie, Sullivan, and Ulster)
- Central NY AHEC (counties served: Broome, Cayuga, Cortland, Chemung, Chenango, Herkimer, Madison, Oneida, Onondaga, Oswego, Schuyler, Seneca, Tioga, and Tompkins)
- Erie-Niagara AHEC (counties served: Erie and Niagara)
- Hudson Mohawk AHEC (counties served: Albany, Essex, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren, and Washington)
- Manhattan-Staten Island AHEC (counties served: New York and Richmond)
- Northern AHEC (counties served: Clinton, Franklin, Jefferson, Lewis, and St. Lawrence)
- Western NY Rural AHEC (counties served: Allegany, Cattaraugus, Chautauqua, Genesee, Livingston, Monroe, Ontario, Orleans, Steuben, Wayne, Wyoming, and Yates)

CURRENT SCHOOL INFORMATION

What College/University/Community College will you be attending as of September 1, 2023? School Name: _____ City: _____ State: _____ County: _____	Anticipated Graduation Date: (MM/YY) _____
As of September 1, 2023, which category below best defines the type of program you will be enrolled in? <input type="checkbox"/> Certificate or Associate's Degree program <input type="checkbox"/> Undergraduate or Bachelor's Degree program <input type="checkbox"/> Graduate program or Master's/PhD degree program <input type="checkbox"/> Medical School or MD/DO <input type="checkbox"/> Other (if other, please specify) _____	Are you the first generation in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Were you or will you be the first in your family to receive a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Year in Program as of September 1, 2023: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____	What is the name of the program you will be enrolled in as of Sept. 1, 2023? (i.e. Sociology, Public Health, Nurse Practitioner, Physician Assistant, etc...) _____ _____
Are you matriculated in an additional degree program (i.e. dual major)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of the second degree program you will be enrolled in, as of September 1, 2023? _____ _____
Do you have a Faculty Advisor? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Don't know	* If Yes: What is your Faculty Advisor's Information? Name: _____ Department: _____ E-mail: _____ Phone: _____

INTENT TO PRACTICE

Do you intend/plan/would like to work in a primary care setting, i.e. clinic for Family Medicine, General Internal Medicine, or General Pediatrics?
 Yes No Undecided/Unknown

Do you intend/plan/would like to enter a health career as a primary care clinician, i.e. Family Medicine, General Internal Medicine, General Pediatrics, nurse practitioner, or physician assistant, etc.?
 Yes No Undecided/Unknown

Do you Intend/plan/would like to work with people who are medically underserved, that is people who face economic, cultural, or linguistic barriers to healthcare?
 Yes No Undecided/Unknown

Do you intend/plan/would like to work in rural areas (not big cities)?

Yes No Undecided/Unknown

Two (2) Attachments to upload (.doc, .docx or .pdf files only)

1) Application ESSAY Instructions:

We would like to get to know you through this application and believe that a thoughtful, well-constructed essay is an important step in the process. As a general guideline, the length of your application essay should be a minimum of 300 words. Within your essay, please respond to the following questions:

- Why you would like to participate in the NYS AHEC Scholars program?
- How will the NYS AHEC Scholars Program benefit you in accomplishing your academic and/or career goals?

attach file (Please attach .doc, .docx or .pdf files only)

2) LETTER OF REFERENCE:

Stories about your behaviors, impact, and personal qualities told by others play an essential role in the evaluation of your application. Your letter of reference should provide specific examples and anecdotes that illustrate your ability and desire to be an AHEC Scholar.

Please attach one letter of reference from a teacher, faculty member, community leader, mentor, etc., and then provide your reference's contact information below.

NOTE: If the person who is writing your Letter of Reference would rather send the letter directly, please upload their Name and Contact information instead of the actual letter.

Ref 1: Name _____ Phone _____ E-mail _____ relationship _____

attach file (Please attach .doc, .docx or .pdf files only)

How did you hear about this program?

Email Contact Class Presentation/School Visit AHEC Web Site College or University
 Recruitment Flyer Other Student Faculty/Advisor Other: _____

TERMS and RESPONSIBILITIES

Please check each box to certify your understanding of the criteria for the NYS AHEC Scholars program.

- I understand that the NYS AHEC Scholars program is a two-year longitudinal program.
 I agree to commit a minimum of 2 hours per week (on average) toward required program activities.
 I will complete all necessary forms, training, etc. associated with the NYS AHEC Scholars Program.

ACKNOWLEDGEMENT

I understand and agree to the above student responsibilities. I understand that if my application is approved, I will be assigned a site in either a rural or urban community. I also understand that I am responsible for providing my own transportation to and from the placement site while completing the program. As part of the program, I agree to provide one-year follow-up demographic and employment information following program completion. I understand that failure to complete all necessary activities will result in the termination of my participation, and such termination will disqualify me for any program participation incentives.

Signed: [type full name] _____

Date: _____