



Mid-Carolina AHEC, Inc.

Health Careers Program

8th Grade Medical Explorers Program Application

Applications must be postmarked by November 17

(You will be notified of your acceptance status **via email** by November 21)

Return completed application, teacher recommendation letter, and transcript to:

Whitney Rojas, Health Careers Program Coordinator

Mid-Carolina AHEC, Inc. • P.O. Box 2049 Lancaster, SC 29721

Phone: (803) 287-4900

PLEASE NOTE: Participants are selected based on academic achievement, community service, teacher recommendation, and enthusiasm for the health professions. Be sure to fill out each question completely, sign the application, and get a parental signature if under 18.

Please type or use black ink.	
Name: (Last) _____ (First) _____ (Middle Initial) _____	
Name of School You Are Presently Attending: _____	
Home Address: (Street) _____	
(City) _____ (State) _____ (Zip) _____	Gender: _____ F _____ M _____ Decline to Self-Identify
Phone: (Home) _____ (Student Cell) _____ (Parent Cell) _____	
Student E-Mail (PRINT CLEARLY): _____	
Parent E-Mail (PRINT CLEARLY): _____	
County: _____	Guidance Counselor Name: _____
Date of Birth (Mo/Day/Year): ___/___/_____	



Please answer the following questions as completely as possible. You may attach separate sheets of paper.

1. List all courses and grades in science/medical arts that you are taking or have taken in middle school. Please attach a copy of your most recent middle school report card.

Course Name/Level	Letter Grade (A-F)

2. Please list your extracurricular activities and honors, including community service, leadership responsibilities, healthcare volunteer hours, and work experience.

3. What careers are you currently considering overall (all fields)?

Essay Questions (Please answer ALL questions on a separate sheet of paper: typed using 12 pt. font)

4. What healthcare/science career are you most interested in pursuing and why?
5. Describe an interaction you have had with a healthcare professional that impacted your life. Explain.
6. What makes you a good candidate for this program? What do you think you will gain from the program?

Recommendation Letter

7. Please attach ONE recommendation form (no more than 2 pages) from a math or science teacher, whose course you have attended within the last two years, or a guidance counselor.

Other: Please Complete For Internal Use

8. Do you plan to attend college? Yes No
Please check all that apply:
 Community College 4-Year College In-State 4-year College Out-of-State
9. Do you anticipate becoming the first generation in your family to attend college?
 Yes No



10. How do you describe yourself? (optional):

- | | |
|--|--|
| <p>A. Mexican/Mexican-American</p> <p>B. Other Hispanic</p> <p>C. Native American</p> <p>D. Asian/Asian-American</p> <p>E. Puerto Rican</p> | <p>F. Native Hawaiian/Pacific Islander</p> <p>G. White/Caucasian</p> <p>H. Black/African American</p> <p>I. Bi-Cultural/Other: _____</p> |
|--|--|

11. How did you hear about this program?

Teacher ____ Friend ____ Past Attendee ____ Poster/flyer ____ Web ____ Newspaper ____ Other ____

Referring Teacher, Student, or Friend Name: _____

12. Parental Release (REQUIRED): I am aware and agree that South Carolina AHEC/Mid-Carolina AHEC Inc., hereafter called AHEC, its agents, officers, employees and assigns are not, nor will they be held personally or officially liable for any and all damages resulting from any and all incidents, accidents, injuries, or claims which may arise out of my (my child's-if a minor) participation in the any AHEC sponsored activity. I understand that I (my child) is participating in this program and its program activities totally at my (my child's) own risk. AHEC will not, in any circumstances, be held liable for any accidents, incidents, injuries, or claims which may arise out of such program activities, including but not limited to field trips, outings, tours, transportation, or any other activities. WHEREOF, I waive any and all rights that may arise to hold liable by any cause of action of AHEC, its agents, officers, employees, and assigns in their official and personal capacity.

I hereby grant full permission to the South Carolina Area Health Education Consortium (AHEC) to prepare, use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, or voice, or any or all of them in connection with the production of a video recording, audio recording, or still photography in any manner for educational, marketing, publication, informational and any other professional purpose deemed necessary from the following event(s). I hereby waive all rights of privacy or compensation that I may have in or in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said video, audio recording, or still photography and any use to which the same or any material therein may be put, applied or adapted by the South Carolina AHEC, and any of its agencies, i.e., Regional AHEC Centers.

PARENT SIGNATURE

Parental name (please print):	
Parental signature (Required):	Date:

APPLICANT SIGNATURE

Applicant's name (please print):	
Applicant's signature (Required):	Date: