

# NORTHWEST AREA HEALTH EDUCATION CENTER

## AHEC JUNIOR SCHOLARS PROGRAM

### HEALTHWISE WORKSHOP APPLICATION:

### "A HEALTH CAREERS PIPELINE INITIATIVE"



Hosted by

**Central High School Magnet Career Academy**

1130 West Chestnut Street

June 10 - June 28, 2019

8:30 AM - 2:30 PM

#### Student Information

Name (Last) (First) (Middle)			Gender M ___ F ___		Graduation Date/Year		Present Grade	
Address			City		State		Zip	
Home Phone #			Cell Phone #		Email Address		County	
Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		Race (select one) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Please identify: _____		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> More than one Race Please identify: _____				
School Attending		County		Interested in a pursuing a health career? Yes ___ No ___				
				If yes, list career choice _____				

#### Answer Yes or No to the following questions

Did your mother or father attend or graduate from college? Yes \_\_\_ No \_\_\_

Do you have an older brother or sister to attend or graduate from college? Yes \_\_\_ No \_\_\_

List all extracurricular activities, e.g., sports, educational enrichment programs, clubs, church, volunteering and community service activities (**attach separate sheet if needed**). \_\_\_\_\_

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Have you participated in other summer enrichment programs? Yes \_\_\_ No \_\_\_

If Yes, list name of program: \_\_\_\_\_ When? \_\_\_\_\_

Do you have any scheduled activities that will interfere with Healthwise 2016 workshop? Yes \_\_\_ No \_\_\_

If yes, explain? \_\_\_\_\_

#### Parent/Guardian Information

Parent/Guardian Name: (Last) (First) (Middle)			Date of Birth / /	
Address (only if different from child)		City		State
		Zip		County
Parent/Guardian Email Address		Occupation:		Employer
Parent/Guardian Phone #			In case of an emergency, list business phone #	

The AHEC Junior Scholars Program is a collaborative initiative supported by the Health Resources and Services Administration, Northwest AHEC, University of Louisville's Health Sciences, Central High School Magnet Career Academy and Learning for Life Program.

## "HEALTHWISE"

HealthWise Workshop is a summer enrichment component of the AHEC Junior Scholars Program which offers year-round activities that are designed to introduce and nurture the interest of middle and high school students who desire to pursue a career in the health industry. This four-week structured workshop provides a series of activities designed to promote academic enrichment and career awareness. Courses in math, science, and language arts are offered, in addition to field trips and interactive sessions that expose students to a variety of health occupations, professional mentors and learning skill strategies.

Program participants who remain interested in pursuing a career in the health professions will be tracked and provided support services throughout middle, high school and college. For additional information, please call the NorthWest AHEC at 502-778-1607.

**ELIGIBILITY:** Healthwise is designed for middle and high school students entering grades 6 -11. Priority is given to students who meet the following criteria: 1) Students who reside within West Louisville boundaries; 2) Underrepresented minority students; 3) Low income students (students who participate in the free or reduce lunch program); and 4) First-generation college students. Applicants must be in good standing within their school.

**COST OF PARTICIPATION:** A fee of \$25.00 to cover insurance and administrative cost for one calendar year is required of each student accepted to the AHEC Junior Scholars Program.

**PHOTO PERMISSION:** I hereby grant permission to Northwest AHEC, its agents and representatives, to use photographs, motion picture, videotapes, or other recording media in which my son/daughter appears during the AHEC Junior Scholars Program activities for promotional, informational, educational, or other purposes which NorthWest AHEC deems appropriate. I understand I will receive no compensation if photographs or likeness are used. I further understand that the photographs, videotapes and other images are to be used only for or by NorthWest AHEC and its sole property. I relinquish to NorthWest AHEC all rights, titles and interest in said recordings. I authorize NorthWest AHEC to use my son's and/or daughter's photographs, etc., and/or likeness for the aforementioned purposes.

**Parent's Signature:** \_\_\_\_\_

**Applications must be completed and returned by April 12, 2019 and include the following:**

- |   |   |
|---|---|
| 1) A completed application form                             | 4) Your parent or guardian's consent/signature  |
| 2) Your written statement of purpose<br>(minimum 100 words) | 5) Two (2) letters of recommendation;<br>(from a teacher and counselor or two teachers) |
| 3) A copy of your school grades/report card                 |   |

I hereby certify the information provided on this application is correct to the best of my knowledge.

Student Signature	Parent/Guardian Signature	Relation to Child	Date
<b>SEND TO:</b> NorthWest AHEC - HealthWise 2215 Portland Ave. Louisville, Kentucky 40212			
Signature of Learning for Life Leader Exploring Post	Exploring Club	Number	Date
			/ /