

# APPLICATION 2009 – Summer Enrichment Program – Rising 11th Graders

## AHEC Health Careers Program – June 7 - July 17, 2009

**1**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ ZIP: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Racial/Ethnicity: \_\_\_\_\_ African-American \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Native American or Alaskan  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Other (Please identify) \_\_\_\_\_

**2**

High School Attending: \_\_\_\_\_ County: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List extracurricular, academic, church, voluntary, community service, or school activities in which you have participated (attach a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

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

If yes, when? \_\_\_\_\_ If yes, title of program: \_\_\_\_\_

Have you ever been required to leave school for disciplinary reasons? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**3**

Mother or Guardian (Name): \_\_\_\_\_

Occupation: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Father or Guardian (Name): \_\_\_\_\_

Occupation: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Address (Guardian): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please explain any special circumstances you would like to be known in considering you for the AHEC Summer

Enrichment Program (e.g., lengthy family illness, disabled parent, etc.): \_\_\_\_\_

Family Income: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Number Living at Home: \_\_\_\_\_

**4**

**All application documents must be received by April 1st.**

1. Include a Personal Statement: 300 word typed (double-spaced) one page essay describing your interest in pursuing a medical/health career.
2. Two Sealed Letters of Recommendation:
  - A. High school teacher
  - B. Guidance counselor or health professional(Letters of Recommendation must be sealed and signed on the seal of the envelope. These letters should include an assessment of the applicant's interpersonal skills, reliability, perseverance, communication skills, self-confidence, empathy/consideration of others, maturity, and motivation for a medical/health career.)
3. Official High School Transcript
4. AHEC Summer Enrichment Program Application

**5**

By my signature below, I hereby certify that the information provided on this application and in my personal statement is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

By my signature below, I hereby certify that I have reviewed the information with my child and it is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

MAIL TO      University of Kentucky  
                 Area Healthy Education Center  
                 138 Leader Avenue  
                 Lexington, KY 40506-9983