

APPLICATION 2009 – Health Researchers Youth Academy – Rising 11th & 12th Graders
AHEC Health Careers Program – July 5 - 17, 2009

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First Name: _____ Middle: _____ Last Name: _____

Address: _____ City: _____

County: _____ ZIP: _____ Gender: M _____ F _____

Social Security # _____ - _____ - _____ Date of Birth: ____/____/____

Home Phone (____) _____ - _____ Work 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) _____

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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 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: _____

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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: _____

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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

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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