

---

## 2018 Scholarship Application

*Connecting high school students to careers in healthcare*

---

The Hudson Mohawk Area Health Education Center, known as HM-AHEC, will be awarding up to ten (10) scholarships for \$500 each to high school seniors entering an approved healthcare related program at a local community college and/or a certification program. Applicants must be a graduating senior from a high school within the HM-AHEC ten-county service region, which includes: **Albany, Essex, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren** and **Washington** counties. Recipients are expected to participate in at least one informative two-hour health careers exploration program and be able to help present it at local a high school after successfully completing their certificate program or freshman year of college. Students may be eligible to re-apply in a subsequent year, which is to be based on performance and funding.

Winners will be chosen from the applicants who have submitted **completed** applications with all necessary paperwork in their entirety by the posted **deadline** of: **12:00pm, on Monday, April 2<sup>nd</sup>, 2018**. Priority will be given to applicants living and intending to work in either a [Medically Underserved Areas](#) or a [Health Professional Shortage Areas](#).

### **Applicants may choose ONE method of submission for completed applications:**

- Email: [across@hmahec.org](mailto:across@hmahec.org)
- U.S. Postal Service:
  - **Hudson Mohawk AHEC: Application, 333 Glen St Suite 200A, Glens Falls, NY 12801**
  - **Note:** These applications must arrive by the posted deadline to be considered.

#### **Application Checklist**

- Completed Application
- High School Transcripts
- Acceptance letters to college or certificate program
- 200 Word Essay



**Please provide us with the following information:**

**1. Personal Contact Information:**

<b>Name:</b>	
<b>Home Address:</b>	
<b>City, State, Zip:</b>	
<b>County:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>E-mail:</b>	

**2. Current High School Status:**

<b>High School:</b>	
<b>City:</b>	
<b>County:</b>	
<b>GPA:</b>	
<b>Graduation Date:</b>	

- Please provide a copy of your **current high school transcript** with proof of your pending graduation. High school contact who can verify your graduation status:

<b>Guidance Counselor name:</b>	
<b>Guidance Counselor direct phone number:</b>	
<b>Guidance Counselor e-mail address:</b>	

**3. Volunteer activities and Extracurricular activities:**

Please share a list of your extracurricular activities and staff/advisor contact information which support consideration for your scholarship application (additional activities may be included on a separate sheet):

<b>Name of Activity:</b>	
<b>Dates of participation:</b>	
<b>Staff/Advisor Name:</b>	
<b>E-mail Address:</b>	
<b>Phone Number:</b>	

**4. Healthcare Training/Education Plan:**

Please indicate what type of program you will be entering:

- 4-year college program
- 2-year college program
- Vocational Training
- Other: \_\_\_\_\_

5. What type of education/training program will you be pursuing, please select from the list below:

Bachelor Degree Program	Associate Degree Program	Certificate Program
<input type="checkbox"/> Cardiovascular Technologists and Technicians <input type="checkbox"/> Community Health Workers <input type="checkbox"/> Creative Arts Therapists <input type="checkbox"/> Dental Hygienists <input type="checkbox"/> Diagnostic Medical Sonographers <input type="checkbox"/> Dietitians and Nutritionists <input type="checkbox"/> Environmental Health Workers <input type="checkbox"/> Health Care Administrators and Medical and Health Services Managers <input type="checkbox"/> Health Educators <input type="checkbox"/> Medical Records and Health Information Technicians <input type="checkbox"/> Nuclear Medicine Technologists <input type="checkbox"/> Patient Care Coordinators <input type="checkbox"/> Perfusionists <input type="checkbox"/> Public Health Professional <input type="checkbox"/> Radiologic Technologists and Technicians <input type="checkbox"/> Recreational Therapists <input type="checkbox"/> Registered Nurses <input type="checkbox"/> Respiratory Therapists <input type="checkbox"/> Social and Human Services Assistants <input type="checkbox"/> Social Workers	<input type="checkbox"/> Cardiovascular Technologists and Technicians <input type="checkbox"/> Community Health Workers <input type="checkbox"/> Dental Hygienists <input type="checkbox"/> Diagnostic Medical Sonographers <input type="checkbox"/> Dialysis Technicians <input type="checkbox"/> Dietitians and Nutritionists <input type="checkbox"/> Paramedics <input type="checkbox"/> Medical and Clinical Laboratory Technologists and Technicians <input type="checkbox"/> Medical Assistants <input type="checkbox"/> Nuclear Medicine Technologists <input type="checkbox"/> Occupational Therapy Assistants <input type="checkbox"/> Opticians <input type="checkbox"/> Patient Care Coordinators <input type="checkbox"/> Physical Therapist Assistants <input type="checkbox"/> Radiation Therapists <input type="checkbox"/> Radiologic Technologists and Technicians <input type="checkbox"/> Registered Nurses <input type="checkbox"/> Respiratory Therapists <input type="checkbox"/> Social and Human Services Assistants <input type="checkbox"/> Surgical Technologists	<input type="checkbox"/> Anesthesia Technologists and Technicians <input type="checkbox"/> Cardiovascular Technologists and Technicians <input type="checkbox"/> Dental Assistants <input type="checkbox"/> Dialysis Technicians <input type="checkbox"/> EMTs <input type="checkbox"/> Licensed Practical Nurses <input type="checkbox"/> Nuclear Medicine Technologists <input type="checkbox"/> Nursing Assistants <input type="checkbox"/> Perfusionists <input type="checkbox"/> Substance Abuse and Behavioral Disorder Counselors <input type="checkbox"/> Surgical Technologists

6. College/Training Facility contact Information *(must provide proof of enrollment into a health-related program no later than September 30<sup>th</sup>, 2018):*

<b>Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Your assigned Student ID # from College or Certificate Program:</b>	

- Proof of acceptance into the above-named program.  
**\*\*This document is MANDATORY in order for your application to be considered complete\*\***

- 
7. What type of setting or location are you interested in working or practicing in? Please select from the list below (check all that apply):
- New York State
  - An urban setting
  - A rural setting
  - An underserved community
  - Primary Care Setting
8. In 200 words or less, **please attach** an essay stating why you are deserving of this scholarship?
9. How did you hear about this scholarship application? Please select from the list below:
- School Counselor/Teacher
  - Past Participant
  - Facebook
  - HM-AHEC Website
  - Newspaper Ad
  - Email/Text from a friend or family member
  - Other: \_\_\_\_\_
10. Hudson Mohawk AHEC intends to promote all winners of this annual scholarship. If selected, would you and/or your parents/guardians be willing to sign a media release allowing us to photograph and/or take video footage of you to promote this scholarship program?
- Yes
  - No

**Thank you for your interest in this scholarship. All recipients will be notified directly from Hudson Mohawk AHEC by Wednesday, May 7<sup>th</sup>, 2018. There will be an awards recognition ceremony held in the month of May for the recipients. Details about the ceremony will be included with the notifications. Winners will be posted on our website at [www.hmahec.org](http://www.hmahec.org) after that date.**