



Missouri Area Health Education Centers

Connecting students to careers, professionals to communities,
and communities to better health

PRIMO ACES/ACES+ Application for High School & Undergraduate Students

A program of the Missouri Area Health Education Centers
and the Primary Care Resource Initiative for Missouri (PRIMO)

*Applications may be submitted throughout the school year, students may not be accepted until the next enrollment period.
Additional applications may be obtained by making copies of this application or by contacting your Regional AHEC.*

◆ **Only complete applications will be accepted.**

◆ **Application Requirements:**

- ◆ Must have a minimum of 3.0 GPA (on 4.0 non-weighted scale)
- ◆ Fully completed application with all of the following:
 - Letter of recommendation from school counselor or faculty member
 - Letter of recommendation from a non relative
 - Essay that explains your personal interest in a primary care profession
 - Copy of transcript through the previous quarter of application date

Select one: **ACES (High School Students)** **ACES+ (Undergraduate Students)** **2008-09 year**

Please specify your career interest: _____

The ACES eligible fields are:

Physicians (MD/DO)

Nursing → Nurse Practitioner

Dentistry

Family Practice

Bachelor Science Nursing

General Dentistry

Pediatrics

Nurse Practitioner

Dental Hygienist

Internal Medicine

Obstetrics/Gynecology

How did you find out about the ACES/PRIMO program? _____

I. STUDENT INFORMATION

Please type or print legibly in ink all responses below

Last Name First Name (Preferred Name) Middle Initial XXX-XX-
Last 4 digits of Social Security Number

Birth Date (Month/Day/Year) Home Phone Number (Including Area Code) Cell Phone Number (Including Area Code)

Permanent Street Address PO Box/Rural Route Personal Email Address

City State County Zip Code

Gender: Female
 Male

Ethnicity: (optional)
Hispanic/Latino Yes No

Race: Check all that apply (optional)
 American Indian or Alaska Native
 Asian (describe specifically)

 Black or African American
 Native Hawaiian or Other Pacific Islander
 Caucasian (White)

II. SCHOOL INFORMATION

Name of School/College/University Currently Attending Grade in School/College/University for 2008-2009 Expected date of Graduation

School/College/University Address City MO
State School Counselor/Advisor's Name

ACES + Only: Student's School/College/University Address City MO
State

County Zip Code Phone (Including Area Code) ACT or Aptitude Test Score

This form may be copied to produce more blank applications



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III. PARENT INFORMATION (ACES Required, ACES+ Optional)

Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone (Optional)

Occupation Employer Email (Optional)

Relationship to Student

- Mother
- Father
- Guardian
- Step-Parent
- Other _____
- Student lives at same residence

Highest level of education completed:

- High School/GED
- Professional/Technical School (1-2 yrs)
- Some college (degree not obtained)
- College (Associates degree)
- College (Bachelors degree)
- Graduate School
- Other _____

Ethnicity: (Optional) Hispanic/Latino Yes No

- Race: Check all that apply** (Optional)
- American Indian or Alaska Native
 - Asian (describe specifically) _____
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Caucasian (White)

Parent/Guardian Name Address City State Zip Code

Daytime Phone Evening Phone Cell Phone (Optional)

Occupation Employer Email (Optional)

Relationship to Student

- Mother
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- College (Bachelors degree)
- Graduate School
- Other _____

Ethnicity: (Optional) Hispanic/Latino Yes No

- Race: Check all that apply** (Optional)
- American Indian or Alaska Native
 - Asian (describe specifically) _____
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Caucasian (White)

Total Annual Household Income:

(for the household in which the applicant resides)

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$40,001-\$50,000 |
| <input type="checkbox"/> \$15,001-\$20,000 | <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> \$50,001-\$60,000 |
| <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> Above \$60,001 |

Number of persons dependent on the household income (number of exemptions claimed on IRS forms): _____

Optional Demographic Information:

- Qualified for free or reduced lunch program in school (K-12)
- English is your second language
- Will be the first in family to receive a college education
- Received Financial Aid for college: Circle Type → Scholarships; Federal funds; Grants; PRIMO Loans; AHEC Funds; Preceptor site; Other _____



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IV. AHEC Program Participation or other Health Career Exploration:

I have participated in the following program(s): *If additional space is needed, write on the back of the application.*

AHEC Program(s): Title: _____ Dates: _____

Upward Bound: Title: _____ Dates: _____

Health Career Camps/Programs: Title: _____ Dates: _____

Job Shadowing Dates: _____

Practitioner/Health Care Facility: _____

Other Health Career Programs or Experiences (ex: CPR Certification, volunteerism, working in a healthcare facility):

Participated in a school of medicine student recruitment activity (Ex: Mini Medical School): _____
(Titles and dates)

V. Information to be completed by school advisor or registrar: (ACES Required; ACES+ Recommended)

Name of advisor/counselor/registrar _____ Title _____ School Phone Number _____

Signature of advisor/counselor/registrar (official school transcript may be substituted) _____ Date _____

I certify that _____ has a current overall GPA of _____ (on a 4 point non-weighted scale).

I certify that _____ class rank is ____ of _____.

I certify that the application was completed by me (the student) and that all information is accurate. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or ACES/PRIMO program. If I am selected for the ACES/PRIMO program and choose to participate, I agree to abide by all program rules and guidelines. I understand that ACES/PRIMO is a longitudinal program and if I am selected, I agree to supply all information as requested by the MAHEC to enable them to assess my progress toward a health care career.

Student Signature _____ **Date** _____

I have read the application and certify that the information is accurate. I give permission for my child to apply and participate in this program. If my child is accepted, I understand that I will receive additional information regarding the program. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to MAHEC and ACES/PRIMO surveys regarding my child and his/her progress. I understand that this information will remain confidential.

Parent/Guardian Signature (ACES Required, ACES+ Optional) _____ **Date** _____

[Click here to find regional AHEC map, contact information, address, phone, and deadline.](#)