



PRIMO ACES/ACES+ Program Application
High School & Undergraduate Students
A Program of the Missouri Area Health Education Centers
and the Primary Care Resource Initiative for Missouri (PRIMO)
www.ecmoahec.org or www.mahec.org

Select one: **ACES (High School Students)** **ACES+ (Undergraduate Students)**

*****Important Information*****

- ◆ Only students interested in Primary Health Care will be considered for the ACES/PRIMO program (see below):

Physicians (MD/DO) Licensed Physician (specializing in family or general practice) Internal Medicine Pediatrics Obstetrics/Gynecology	Dentistry General or Pediatric Dentist Dental Hygienist	Nursing / Nurse Practitioner LPN/RN BSN BSN NP	Other Psychiatrist Psychologist Clinical Social Worker Professional Counselor Nutritionist Dietitian
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- ◆ 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.
- ◆ **Application Requirements** *Please Enter Current Year* 20__ to 20__ year
 - ◆ Must have a 3.0 GPA (on 4.0 scale)
 - ◆ Completed application
 - ◆ 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
 - ◆ **Only complete applications will be accepted.**

I. STUDENT INFORMATION *Please type or print legibly in ink all responses below*

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

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 **Ethnicity:** (optional)
 Male Hispanic/Latino Yes No

Race: Check all that apply (optional)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Caucasian (White)
 More than one race
 Other _____

II. SCHOOL INFORMATION

Name of School/College/University Currently Attending _____ Grade in School/College/University for Current Year _____ Expected date of Graduation _____

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

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

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

What is your current health career interest? _____

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



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)**

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| <p>Relationship to Student</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Guardian</p> <p><input type="checkbox"/> Step Parent</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Student lives at same residence</p> | <p>Highest level of education completed</p> <p><input type="checkbox"/> High School/GED</p> <p><input type="checkbox"/> Professional/Technical School (1-2 yrs)</p> <p><input type="checkbox"/> Some college (degree not obtained)</p> <p><input type="checkbox"/> College (Associates degree)</p> <p><input type="checkbox"/> College (Bachelors degree)</p> <p><input type="checkbox"/> Graduate School</p> <p><input type="checkbox"/> Other _____</p> | <p>Ethnicity: (Optional) Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: Check all that apply (Optional)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Caucasian (White)</p> <p><input type="checkbox"/> More than one race</p> <p><input type="checkbox"/> Other _____</p> |
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Parent/Guardian Name **Address** **City** **State** **Zip Code**

Daytime Phone **Evening Phone** **Cell Phone (Optional)**

Occupation **Employer** **Email (Optional)**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Relationship to Student</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Guardian</p> <p><input type="checkbox"/> Step Parent</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Student lives at same residence</p> | <p>Highest level of education completed</p> <p><input type="checkbox"/> High School/GED</p> <p><input type="checkbox"/> Professional/Technical School (1-2 yrs)</p> <p><input type="checkbox"/> Some college (degree not obtained)</p> <p><input type="checkbox"/> College (Associates degree)</p> <p><input type="checkbox"/> College (Bachelors degree)</p> <p><input type="checkbox"/> Graduate School</p> <p><input type="checkbox"/> Other _____</p> | <p>Ethnicity: (Optional) Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: Check all that apply (Optional)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Caucasian (White)</p> <p><input type="checkbox"/> More than one race</p> <p><input type="checkbox"/> Other _____</p> |
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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"/> \$20,000-\$25,000 | <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> Above \$60,001 |

Number of persons living in the household: _____

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
- Receive Financial Aid for college: Circle Type → Scholarship; Federal funds; Grants; PRIMO Loans; AHEC Funds; Preceptor site:
Other _____



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.*

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

Upward Bound: Title _____ Dates: _____

Health Career Camps/Program, Dates: _____ Program Name: _____

Job Shadowing Dates: _____

Practitioner/Health Care Facility: _____

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

(Titles and dates)

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 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 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

Please return completed application to:
East Central Missouri AHEC
3115 South Grand Blvd
Suite 313
St. Louis, MO 63118-1034

If you have questions, please call:
(Phone) 314-772-9979
(Fax) 314-772.9982
Email: ecmoahec@ecmoahec.org
www.ecmoahec.org