



PRIMO ACES/ACES+ Program *Renewal* Application

High School & Undergraduate Students

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

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

◆ **Application Requirements** Please Enter Current Year 20__ to 20__ year

- ◆ Must have a 3.0 GPA (on 4.0 scale)
- ◆ Completed application
- ◆ 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 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
 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 Zip Code

ACES+ Only Student's Mailing Address at School/College/University Address City State

County Zip Code Phone (Including Area Code)

School Counselor's Name ACT or Aptitude Test Score

What is your current health career interest? _____

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

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

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
- ACES Plus Only: 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 _____

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