



ECMO AHEC Grants are available for Test PREP Courses

ACES Plus students may apply for ECMO grants to assist with the fees for enrolling in a test prep course if they are a junior or senior in college, have completed 2008-2009 ICP (Individual Career Plan) and plan to take one of the following tests:

Medical	Dental	Nursing	Allied Health	Physician Assistant
MCAT	DAT	NCLEX-RN	GRE	PANCE/PANRE
USMLE COMPLEX	NBDE	NCLEX-PN	EMT-Basic	

To qualify for the grant, ACES Plus students must also meet one of the following criteria:

1. Returning Students: Have completed 2007-2008 ICP requirements
2. New Students: Have completed one half (25 hours) of their 2008-2009 ICP requirements.

The following is a list of suggested vendors. They may be contacted directly by students to discuss the services they offer and to arrange dates and times for the courses. Students may also use a vendor of their choice. ICP workshop hours can be earned by completing the course.

1. Be Smart Tutoring
1001 Craig Rd., Suite 260
St. Louis, MO 63146
(636) 530-9494 or (314) 521-2980
info@besmarttutoring.com
Contact: Cherri Taylor, Assistant Director
2. Focus on Learning
Contact: Janet McCracken
(573) 875-5187
www.focusonlearningcenter.com
3. Kaplan
1-800-KAP-TEST
www.kaptest.com
4. The Princeton Review
1-800-2REVIEW
www.princetonreview.com

Here are the steps:

1. Call or email ECMO AHEC before signing up for the class to get approval.
 - Include the following information in your request: Student name, dates of courses, company conducting the prep course, total number of hours for the course
2. When you enroll in the class, have the company send us an invoice referencing the student's name.
3. Depending on the amount of funds available, ECMO AHEC may pay up to \$400 dollars of the cost of the program, whichever is less. We will send the check directly to the company.

Call the ECMO office (314-772-9979) for additional information.



2008 Test Prep Grant Request

Student Name: _____

Address: _____

_____ CITY STATE ZIP CODE

Telephone Number: _____ E-mail Address: _____

Which test do you plan to take? (circle one)

Medical	Dental	Nursing	Allied Health	Physician Assistant
MCAT	DAT	NCLEX-RN	GRE	PANCE/PANRE
USMLE	NBDE	NCLEX-PN	EMT-Basic	
COMPLEX				

When do you plan to take the test? _____
(DATE)

I have a current ICP and meet the following criteria:

- I have completed 2008-2009 ICP requirements
- I have completed one half (25 hours) of my 2008-2009 ICP requirements:

Company/Person Conducting test preparation course

Contact Person

Telephone Number

Date Course begins

Total Number of hours for the course

Student Signature

Date

Parent Signature

Date