



Mid-Carolina AHEC, Inc.
Health Careers Program
8th Grade Medical Explorers Program Application

Applications must be postmarked by October 1

(You will be notified of your acceptance status **via email** by October 5)

Return completed application, teacher recommendation letter, and transcript to:

Erica Davis, Health Careers Program Coordinator
 Mid-Carolina AHEC, Inc. • PO Box 2049 Lancaster, SC 29721
 Phone: (803) 286-4121

PLEASE NOTE: Participants are selected based on academic achievement, community service, teacher recommendation, and enthusiasm for the health professions. Be sure to fill out each question completely, sign the application, and get a parental signature if under 18.

Please type or use black ink.	
Name: (Last) _____ (First) _____ (Middle) _____	
Name of Middle School You Are Presently Attending: _____	
Home Address: (Street) _____	
(City) _____ (State) _____ (Zip) _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Phone: (Home) _____ (Student Cell) _____ (Parent Cell) _____	
Student E-Mail (PRINT CLEARLY): _____	
Parent E-Mail (PRINT CLEARLY): _____	
County: _____	
High School of Enrollment Fall 2016: _____	Guidance Counselor Name: _____
Date of Birth* (Mo/Day/Year) : / /	

Please answer the following questions as completely as possible. You may attach separate sheets of paper.

1. List all courses and grades in science/medical arts that you are taking or have taken in middle school. Please attach a copy of your most recent middle school report card.

Course Name/Level	Letter Grade (A-F)

2. Please list your extracurricular activities and honors, including community service, leadership responsibilities, healthcare volunteer hours, and work experience.

3. What careers are you currently considering overall (all fields)?

Essay Questions (Please answer ALL questions on a separate sheet of paper: typed using 12pt. font)

4. What healthcare/science career are you most interested in pursuing and why?

5. Describe an interaction you have had with a healthcare professional that impacted your life. Explain.

6. What makes you a good candidate for this program? What do you think you will gain from the program?

Recommendation Letter

7. Please attach ONE recommendation letter (no more than 2 pages) from a math or science teacher, whose course you have attended within the last two years, or a guidance counselor.

Other: Please Complete For Internal Use

8a. Do you plan to attend college? Yes No

Please check all that apply:

Community College 4-year College In-State 4-year College Out-of-State

8b. Do you anticipate becoming the first generation in your family to attend college?

Yes No

9. How do you describe yourself? (optional):

Mexican/Mexican-American

Other Hispanic

Native American

Asian/Asian-American

Puerto Rican

Native Hawaiian/Pacific Islander

White/Caucasian

Black/African American

Bi-Cultural/Other: _____

10. How did you hear about this program?

Teacher Friend Past Attendee Poster/flyer Web Newspaper Other _____

Referring Teacher, Student, or Friend (Name: _____)

11. Parental Release (REQUIRED): I am aware and agree that South Carolina AHEC/Mid-Carolina AHEC, hereafter called AHEC, its agents, officers, employees and assigns are not, nor will they be held personally or officially liable for any and all damages resulting from any and all incidents, accidents, injuries, or claims which may arise out of my (my child's-if a minor) participation in the any AHEC sponsored activity. I understand that I (my child) is participating in this program and its program activities totally at my (my child's) own risk. AHEC will not, in any circumstances, be held liable for any accidents, incidents, injuries or claims which may arise out of such program activities, including but not limited to field trips, outings, tours, transportation or any other activities. WHEREOF, I waive any and all rights that may arise to hold liable by any cause of action of AHEC, its agents, officers, employees, and assigns in their official and personal capacity.

I hereby grant full permission to the South Carolina Area Health Education Consortium (AHEC) to prepare, use, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness, or voice, or any or all of them in or in connection with the production of a video recording, audio recording, or still photography in any manner for educational, marketing, publication, informational and any other professional purpose deemed necessary from the following event(s). I hereby waive all rights of privacy or compensation that I may have in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said video, audio recording, or still photography and any use to which the same or any material therein may be put, applied or adapted by the South Carolina AHEC, and any of its agencies, i.e., Regional AHEC Centers.

I further understand that if my child is accepted, a yearly due of \$35 must be paid by the Orientation Date in order for my child to participate.

PARENT SIGNATURE

Parental name (please print): _____

Parental signature (Required): _____ **Date:** _____

APPLICANT SIGNATURE

Applicant's name (please print): _____

Applicant's signature (Required): _____ **Date:** _____