

[www.southwestahec.org](http://www.southwestahec.org)

Southwest Pennsylvania Area Health Education Center (AHEC)

Summer Health Career Academy

Kristy Wiles, Program Coordinator July 15-19, 2019

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2019 Summer Health Career Academy Application

Application Deadlines and Notification Dates:

Receipt Deadline: Must be received by Friday, April 26, 2019

Notification: All applicants will be notified of admission decisions

via U.S. mail by May 24, 2019

Student Eligibility:

* Student must be an academically inclined current ninth or tenth grade student in secondary school or

homeschooled.

* Student MUST reside in one of the following counties: Allegheny, Armstrong, Beaver, Fayette, Greene, Washington or Westmoreland
* The applicant who accepts the invitation into the Summer Health Career Academy must commit to attending all 5 days of the program.
* Completed application must be received by April 26, 2019.

Program Information:

The Health Career Academy will take place for five days, July 15-19, 2019 on the main campus of the University of Pittsburgh. The academy is designed for academically inclined current ninth and tenth grade students who are interested in learning about opportunities in various health careers and the academic preparation necessary for these careers.

Students will meet and talk to practicing health care professionals, engage in health career activities, learn to monitor vital signs, engage in hands on medical procedures, learn basic medical terminology, and receive training in leadership skills. The program brings 50 students together to learn about health careers.

Application Information:

Application to the AHEC 2019 Summer Health Career Academy is a competitive process. Not all applicants will be accepted. An Advisory Board comprised of academic and health care professionals from counties in the Southwest AHEC region will make the final student selections. All information provided in the application is taken into account and is kept confidential.

Fees and expenses:

Cost for the 2019 program is $200.00 for those accepted. DO NOT SEND MONEY WITH APPLICATION.

Scholarships are available for those who demonstrate the need.

This fee includes all tuition, course materials, field trips and lunch during the week of the Academy. Transportation

will be provided on an as needed basis.

Applicants who are accepted into the program and demonstrate the need for financial assistance may apply for a scholarship to the program.

# Specified Items – ALL THREE ARE NEEDED TO HAVE A COMPLETE APPLICATION!

1. Must include a letter from a teacher, guidance counselor, or administrator who is recommending the student.
2. Must include a one-page letter, indicating his or her interest in the Health Career Academy.
3. A parent or guardian must acknowledge the student’s application by signing the application.



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2019 Summer Health Career Academy Application Form

*This form may be duplicated.*

STUDENT INFORMATION:

*(Type or clearly PRINT all information)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Current Grade Level\_\_\_\_\_\_\_

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I applied last year 🞏 yes 🞏 no

# Specified Items – ALL THREE ARE NEEDED TO HAVE A COMPLETE APPLICATION!

1. Each applicant to the AHEC Health Career Academy must include a letter from a teacher, guidance counselor, or administrator who is recommending the student. The letter must include an indication from this school entity that the student is considered *academically talented* in subject areas related to preparation for future health professions. Please list the name, address, phone and/or email for the person recommending this candidate.

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Check here if the letter of recommendation is attached to this application.

1. Each student applicant must include a one-page letter, indicating his or her interest in the Health Career Academy. This letter should also list any information regarding health career activities, volunteer work, or school/extra-curricular activities which relate to the student’s career exploration. **Please also explain any experiences you have already had in the health career field.** \_\_\_\_\_\_\_ **Check here if the student letter is attached to this application.**
2. A parent or guardian must acknowledge the student’s application by signing below.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about the academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applications must be received by Friday, April 26, 2019

Please send completed applications to:

Kristy Wiles

Southwest Pennsylvania AHEC, Inc.

6 Loop St., Suite 3

Pittsburgh, PA 15215