2019-2020
HEROES HEALTH CAREER CONNECTION H$^2$C$^2$
A Teen Health Careers Club | Grades 9 – 12
Deadline: September 27, 2019

Connecting you to: HealthCare Professionals | HealthCare Careers | Health Science Enrichment

Meets the 1st Thursday of every month, 6 PM – 8 PM starting October 2019 and ending May 2020.*
* With the exception of the first meeting which will be on October 17, 2019.

5039 Airport Center Parkway – Bldg. K, Charlotte, NC 28208
www.charlotteahec.org

Charlotte AHEC is a division of Atrium Health and part of the NC AHEC (Area Health Education Center) Program.
DESCRIPTION
H²C² is a teen health careers club for 9th – 12th grade students who are interested in learning more about careers in healthcare. Students will thoroughly enjoy health science workshops, health career speakers, games, college tours and more!

ABOUT THE CHARLOTTE AHEC HEALTH CAREERS PROGRAM
Through a Model AHEC Supported Grant, the Charlotte AHEC develops initiatives to educate all pre-college youth, with an emphasis on underrepresented minorities, and economically/educationally disadvantaged populations about health careers. For more information, please visit the Health Careers page at www.charlotteahec.org.

SELECTION OF PARTICIPATING STUDENTS
Charlotte AHEC will select students that demonstrate a strong interest in learning more about careers in health. Past HEROES Students will receive priority. Charlotte AHEC will notify selected students via email by October 4, 2019.

TO BE ELIGIBLE TO PARTICIPATE, STUDENTS MUST MEET THE FOLLOWING REQUIREMENTS
• Reside in one of the following counties: Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Stanly, Union.
• 3.0/4.0 GPA (Copy of June 2019 report card or school transcript must be submitted with application.)
• Grades 9 – 12.
• Have an interest in learning more about careers in health.

PROGRAM FEES
$95 Program Fee
$75 Reduced Program Fee for students that receive free or reduced lunch. Proper documentation required (i.e., signed letter from school official or eligibility letter)

DO NOT attach payment! Once you have been selected to participate, we will forward a link to pay online.

No refunds once payment is submitted.

Connecting YOU to HealthCare

- Medicine
- Dentistry
- Allied/Public Health
- Nursing
- Career Prep
- Leadership Skills
- Enrichment
- Guest Speakers
- You!
Application Review & Selection Process

• Preference will be given to senior-level students who cannot reapply for the program. Underclassmen who are not accepted are encouraged to reapply for the program the following year.
• Answer each question, especially the GPA. High school students: cumulative GPA should be listed on your transcript. If you are submitting a report card from middle school: calculate your GPA by using the grades on your report card for the 2018-2019 school year. Ask your school guidance counselor to help you.
• The Charlotte AHEC will review the entire application. Special emphasis is placed on the quality of the essay. It is STRONGLY suggested that you proofread your essays for proper capitalization and spelling and grammatical errors.
• The Charlotte AHEC will notify students who have been selected to participate via email by October 4, 2019. Please make sure your contact information is correct in your application and check your Spam Folder 3-4 days after the application deadline. If you are accepted but do not respond to our communications, you will forfeit your place and the next student on the wait list will be accepted instead.

Tips and Suggestions for Great Essay Responses

An essay is required (see the last page for details). Here are some tips that will help you formulate your answers and hopefully increase your odds of being accepted.

Tip #1: PROOFREAD, PROOFREAD, PROOFREAD!

Take some time to reflect on your answers. It is better to think of and communicate a couple of good reasons you would like to participate in the HEROES program than to give a one sentence answer with your first thought.

Tip #2: Reflect.

Take some time to reflect on your answers. It is better to think of and communicate a couple of good reasons you would like to participate in the HEROES program than to give a one sentence answer with your first thought.

Tip #3: Flesh out your ideas.

Full, well-constructed paragraphs are far more likely to gain you admission than one sentence answers. Again, see tip #2. We want to see that this is something you are genuinely interested in doing. This is also the only place where you get a chance to let us know that you are a real human being beyond having a name on paper. Tell us something interesting about what has inspired you to look at health careers! You have reasons and I am sure it goes beyond the common response, “I want to help people”.

Tip #4: Most importantly: Be Yourself!

Answers that are true to you are far easier for the reader to understand. Don’t make up stories or make true stories “more dramatic” in hopes of grabbing someone’s attention. That said, you should also not be afraid to talk honestly about any hardship you may have encountered in your educational journey or home life.
Tell the truth of your experience and the true you will shine through!
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Application

Please complete both pages of application. Incomplete applications will not be processed. Answer each question.

Check One:  ❑ Would like to join HEROES  ❑ I’m already in the HEROES Program

Current Grade:  ❑ 9th  ❑ 10th  ❑ 11th  ❑ 12th

Full Name:  _____________________________________________________________________________________________

Last 4 digits of SS#:  □□□□  Date of Birth:  _______/________/__________

Address:  _______________________________________________________________________________________________

City:  __________________________________  State:  ________  Zip Code:  ________  County:  ________________

Gender:  ❑ Male  ❑ Female  Home Number:  __________________________

Parent Email Address:  _________________________  Student Email Address:  _________________________

Parent Cell Number:  __________________________  Student Cell Number:  __________________________

Are you a member of HOSA?  ❑ Yes  ❑ No

Are you a member of a science, math or health club?  ❑ Yes  ❑ No

Do you receive free or reduced school lunch?  ❑ Yes  ❑ No

Ethnicity (check one):

❑ Pacific Islander  ❑ Native American  ❑ Other  ___________________________
❑ Black/African American  ❑ Mexican American  ❑ White/Caucasian
❑ Mainland Puerto Rican

School:  __________________________________________________  Grade:  __________ (2019 – 2020 School Year)

GPA:  _________ (if left blank, application will be disqualified)  Projected HS Graduation Year:  __________

Attach June 2019 report card or transcript

Parent/Guardian Full Name(s):  __________________________________  Phone Number:  _________________________

Parent/Guardian Signature:  _______________________________________________________________________________

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CASCE #: 59390  HC SETS #: 5782
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(Returning HEROES students do not need to complete this page.
Complete the previous page and return along with your transcript or June 2019 report card and payment.)

Essay
Attach a one page essay that answers the following questions:
- What health career are you interested in pursuing?
- Why are you interested in that career?
Consider using the tips mentioned on page 3 of the application.

Two Letters of Recommendation
Students, please attach two letters of recommendation. We require one from your math or science teacher and one additional reference (no family members, please). We prefer that the additional reference comes from someone who can speak to your interest in a career in healthcare (ie, health career or math club advisor, volunteer coordinator for a healthcare related event, etc.).

Application Checklist
☐ Completed application form
☐ Two letters of recommendation (new students only)
☐ One page essay (new students only)
☐ Report card or transcript

All applications must be received by close of business on September 27, 2019
Don’t forget to submit a copy of your transcript or report card!

Mail to: Sophia Moore-Dennis, Project Coordinator
Health Careers & Diversity
Charlotte AHEC / Atrium Health
P.O. Box 32861
Charlotte, NC 28232-2861

Email to: Sophia.Moore-Dennis@atriumhealth.org

You will receive an email confirmation upon receipt of your application. If you don’t, please contact us.

In order to help our staff with record keeping, the complete application (including applicable documents) must be submitted at one time.
Partially submitted applications will not be accepted.