HEALTH CAREER MIDDLE AND HIGH SCHOOL
Summer Program 2015

June 14 – 19, 2015 (Middle School)
June 21 – 26, 2015 (High School)

This one week residential program is for students in grades 7 - 12 (2015 - 2016 school year) who have an interest in pursuing a career in healthcare. Students will interact with healthcare professionals and participate in an array of medical science workshops designed to expose them to various careers in healthcare.

Application Deadline: April 20, 2015
Location: UNC Charlotte, Charlotte NC

The Charlotte AHEC is a division of Carolinas Healthcare System and is part of the NC AHEC program.
It serves the following counties:
Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Stanly and Union

HEROES
Health Career Education - Reaching Out to Excellent Students
This one week residential program is for students in grades 7 - 12 (2015 - 2016 school year) who have an interest in pursuing a career in healthcare. Students will interact with healthcare professionals and participate in an array of medical science workshops designed to expose them to various careers in healthcare. The registration fee is $200.00. For more information about our health career programs go to www.charlotteahec.org.

**Make sure the dates do not conflict with other plans. We ask that students are present for the entire length of the program. If a student has to leave early or arrive late, we ask that you not apply.**

### Selection
Students that demonstrate a strong interest in careers in healthcare will be selected. Previous HEROES students will be given priority. The Charlotte AHEC will notify students who have been selected to participate in the program via email by May 11, 2015.

### Criteria
- Submitted application by deadline: April 20, 2015
- 3.0/4.0 Cumulative GPA
- If you were in middle school in school year 2014-2015, submit a copy of your last report card received in 2015.
- If you were in high school in school year 2014-2015, submit a copy of your high school transcript (a report card is unacceptable).
- Two letters of recommendation
- Parent/guardian permission
- Registration fee
- Health insurance

### Registration Fee
$200.00 Standard Registration

- No Refunds (unless application is denied)

Payments will only be processed if the student is selected. All others will be returned to the applicant.

If you have any questions, please email

Sophia Moore-Dennis,
Project Coordinator
sophia.moore-dennis@carolinashealthcare.org
Health Career Middle and High School Summer Program Application

UNC Charlotte, Charlotte NC

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

Check One:  ❑ June 14 – 19, 2015
(Middle School, Grades 7-9, 2015-2016 School Year)
❑ June 21 – 26, 2015
(High School, Grades 10-12, 2015-2016 School Year)

Full Name: _____________________________________________________________________________________________

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

Address: _______________________________________________________________________________________________

City: ___________________________ State: ________ Zip Code: ________ County:______________

Gender (circle one):  Male or Female    Home Number:  _______________________________

Parent Email Address: _________________________  Student Email Address: _________________________

Parent Cell Number: __________________________  Student Cell Number: __________________________

Are you a member of HOSA (circle one)?  Y  or   N   T-shirt size (circle one):    S       M       L       XL       2XL

Are you a member of a science, math or health club (circle one)?  Y  or   N

Ethnicity (check one):

____ Pacific Islander   ____ Native American   ____ Other ___________________________

____ Black/African American  ____ Mexican American

____ Mainland Puerto Rican  ____ White/Caucasian

School: _____________________________________________________________________________________________

Grade: __________ (2015 – 2016 School Year)

GPA: _________ (if left blank, application will be disqualified)  High School Graduation Year: _________

Parent/Guardian Full Name(s): __________________________________________________________________________

Phone Number: ______________________________

Parent/Guardian Signature: _____________________________________________________________________________

Registration Fee: $200.00 Standard Registration

Make check or money order payable to: Charlotte AHEC
No Refunds (unless application is denied)

CASCE #: 42700
HC SETS #: 4678 (Middle) or 4677 (High)
Health Career Middle and High School Summer Program

Applicants, using the space below (do not attach additional sheets), answer the following questions:

What health career are you interested in pursuing? ____________________________________________________________

Why? __________________________________________________________________________________________________

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Two Letters of Recommendation

Students, please attach two letters of recommendation in sealed envelopes. 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.).

All applications must be received by close of business on April 20, 2015

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 / Carolinas HealthCare System
P.O. Box 32861
Charlotte, NC 28232-2861

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