



FUTURE HEALTHCARE HERO AWARD

The South East Illinois Area Health Education Center (AHEC) is awarding 2 Future Healthcare Hero Awards for the 2017-2018 school year. Each award will be in the amount of \$500.00. Future Healthcare Hero Award requirements and details are as followed:

- ✓ Applicant must be a student pursuing entry into a health career program
- ✓ Applicant must attend high school in one of the following counties:
Alexander, Clay, Crawford, Edwards, Gallatin, Hamilton, Hardin, Jasper, Johnson, Lawrence, Massac, Pope, Pulaski, Richland, Saline, Wabash, Wayne, White, and Williamson
- ✓ Applicant must have at least a 3.0 GPA (transcript submission required)
- ✓ Applicant must indicate the chosen college or university
- ✓ Applicant must indicate the chosen health career program
- ✓ Applicant must provide at least 2 recommendation forms

Submission Requirements:

- ✓ Future Healthcare Hero Award Application
- ✓ Transcript
- ✓ Recommendation Forms (minimum requirement: 2)

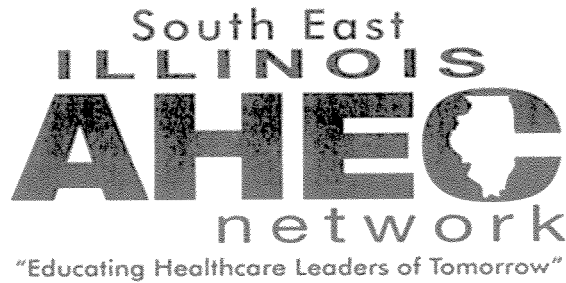
Future Healthcare Hero Award Deadline:

Monday, March 19, 2018

Completed application, transcript, and recommendation forms must be sent by the deadline to the following address:

South East Illinois AHEC
Attn: Sarah Hopfinger
1021 Harding Street
Fairfield, IL 62837
Phone: (618) 847-8381
E-mail: sarah.aydt@fairfieldmemorial.org

***Applications will not be considered if all documents are not received by the deadline.**



FUTURE HEALTHCARE HERO AWARD FORM

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

Phone (home): _____ Phone (cell): _____

E-mail: _____

EDUCATION

High School: _____ County: _____

Intended College/University: _____

Intended Health Career Program: _____

Current GPA: _____

Have you attended any post-secondary schools (college, vocational, or career center)?
If yes, please indicate the name of those schools as well as subjects studied and any credits earned.

HONORS/AWARDS: List any special honors/awards received and the year received.

ACTIVITIES: List any clubs or organizations you currently belong to.

VOLUNTEER: Describe any volunteer hours completed in the past two years.

PERSONAL STATEMENT: Attach a written statement identifying your personal strengths and professional goals and how they will contribute to your chosen profession. Please explain how this award will help you attain your educational goals. Personal statement should not exceed one full page.

EMPLOYMENT HISTORY

List any work history. Please list the current (or most recent) employer first and all others in reverse chronological order.

Employer	Duties/Type of Work	Dates Employed

RECOMMENDATION FORM

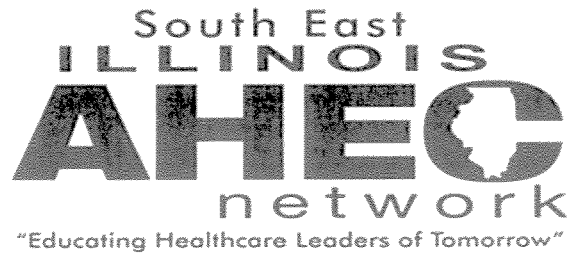
Please distribute the Recommendation Form to **at least two references**. Ask them to complete the form and send it to the South East Illinois AHEC address as listed on the Recommendation Form by the application deadline. Recommendation Forms must be sent separately from the application. Applicant may check on the status of Recommendation Forms by contacting the South East Illinois AHEC office at (618) 847-8381. Future Healthcare Hero Award applications will not be accepted if all recommendation forms are not received by the application deadline.

CONSENT FOR RELEASE OF INFORMATION:

I authorize release of any information that can be of assistance to the South East Area Health Education Center (AHEC) in the evaluation of my Future Healthcare Hero Award application. I waive any confidentiality with respect to such information insofar as AHEC is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for the award and for no other purpose. I also consent to have any written communication, beyond this application, but related to the award, published on the website and Facebook pages. I also consent to allow my picture to be published on the website and Facebook pages.

Applicant Signature: _____

Date Completed: _____



RECOMMENDATION FORM

Name of Applicant: _____

How do you know the above applicant?

How long have you known the applicant?

Would you recommend this applicant for this award? _____ Yes _____ No

If no, why?

Please write a short paragraph describing why you feel this applicant would be deserving of the Future Healthcare Hero Award.

Information Provided By: _____

Contact Phone: _____ Date: _____

Please Complete and Return Form by Monday, March 19, 2018 to:

South East Illinois AHEC

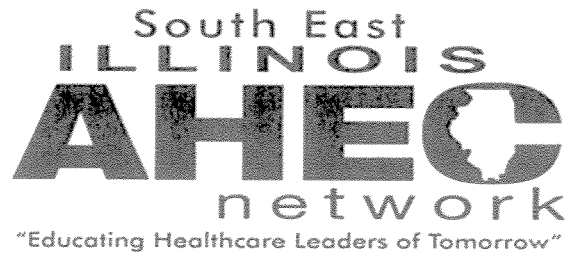
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