



2017 Central Illinois AHEC Health Professions Student Training Award

The Central Illinois Area Health Education Center (AHEC) will sponsor up to 10 \$500 Health Professions Student Training Awards in 2017. The Central Illinois AHEC goal is to improve health care for rural and underserved populations by increasing access to health professions' education, promoting health careers to students, and enhancing collaborative, community-based health initiatives.

Applicants must:

- be a student enrolled or accepted into a health career program and attending college (or an accredited health profession program) in the State of Illinois in Fall 2017. Health Profession is broadly defined, and includes for example, medicine, osteopathy, nursing, dentistry, dental hygiene, optometry, pharmacy, chiropractic, allied health, public health, psychology, social work, other behavioral/mental health, physical and occupational therapy, and emergency medical services.
- be a resident of one of these Central Illinois counties: ***Putnam, Marshall, Woodford, McLean, DeWitt, Piatt, Moultrie, Macon, Sangamon, Menard, Logan, Tazewell, Peoria, or Stark Counties.***
- have at least a 2.5 GPA.
- submit all application materials by **April 19, 2017, 4:30 pm.**
- Recipients will be notified by June 1, 2017.
- The award cannot be used to pay for tuition, student fees, or personal expenses. The award can be used to pay for related educational expenses including housing, travel, books, scrubs, etc.
- Illinois State University students who receive this award will have the information added to their 1098-T. The money will be added to your student account statement and will pay off outstanding charges before being refunded to you.
- Non-Illinois State University students will receive their payment through the accounts payable process which includes providing a W-9 to the University. This will not be reported to you on a form by Illinois State University so it is your responsibility to maintain a record of your payment.
- Part or all of your payment may be taxable. You should seek the advice and guidance of a tax advisor who is familiar with all the relevant facts. This statement is general in nature and is not intended as tax advice. Reference IRS Publication 970, Tax Benefits for Education, for more information on taxable scholarship payments.
- **Submit completed materials (see next page) to:** Kelly Harman, Illinois State University, Campus Box 4625, Normal, IL 61790; Fax 309-438-7476; Email kmwoith@ilstu.edu
- **For questions, contact:** Sharon Mills, Director, Central Illinois AHEC, Illinois State University, Campus Box 4950, Normal, IL 61790; Phone 309-438-5326; Email smmills@ilstu.edu



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To apply, please submit the following documentation by **April 19, 2017, 4:30 pm**:

- A completed application and consent for release of information (attached)
- A transcript (official or unofficial) verifying GPA and any completed coursework
- Letter of acceptance/proof of enrollment for school you will be attending Fall 2017

A typed **list of activities** as follows:

- any health career related job shadowing, mentoring, or clinical experiences in which you have participated
- honors and/or awards and the year received
- clubs and/or organizations you currently belong to; and
- volunteer activities and/or employment in the last two years.

A typed **personal statement** identifying:

- your personal strengths and professional goals and how both will contribute to your chosen profession
- your intent to practice in a rural area or with an “underserved” population
- how you will use this award
- why you should be selected

Letters of recommendation: Seek letters from at least two references. References can submit letters on organizational letterhead directly to Kelly Harman by the application deadline.

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APPLICATION:

Name: _____ Date of Birth: _____

Address, City, Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

College/Program Attending Fall 2017: _____

Year in School/Program: _____ Degrees Already Earned: _____

Email Address: _____ Date of anticipated degree: _____

Are you a U.S. citizen? Yes No* Gender: Female Male

**Answering "no" does not disqualify a person from consideration for the award. If selected to receive an award, additional information will be required.*

Race/Ethnicity (check all that apply):

- African American
- Asian (includes Asian and Pacific Islander)
- Caucasian
- Hispanic
- Native American (includes Alaskan Native and American Indian)
- Other _____

CONSENT FOR RELEASE OF INFORMATION:

I, _____, authorize release of any information that can be of assistance to the Area Health Education Center (AHEC) in evaluation of my Health Professions Student Training 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 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 AHEC Website and through other advertising (e.g., printed reports, Facebook). I also consent to allow my picture to be published through such means.

Applicant signature: _____ Date: _____
