



13 British American Boulevard, Suite 2 Latham, New York 12110 ■ 518.867.8388 ■ [www.hmahec.org](http://www.hmahec.org)

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## Hudson Mohawk AHEC Health Career Scholarship 2024 Application

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The Hudson Mohawk Area Health Education Center, known as Hudson Mohawk AHEC, will be awarding scholarships of \$500 each to high school seniors and individuals entering an approved healthcare related certificate or degree program at a local community college, university or training entity within New York State. Applicants must reside within or be a graduating senior from a high school within the Hudson Mohawk AHEC service region, which includes: *Albany, Essex, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington* counties.

Recipients of the 2023 scholarship are also eligible to apply for a second award, which will be based on performance and available funding.

Award recipients will be chosen from the pool of applicants who submitted a **complete** application with all required paperwork/actions in the checklist below by the deadline of: **Friday, March 15, 2024**. Preference will be given to students pursuing a degree at an educational institution within our catchment area.

Applicants may choose **ONE** method of submission for completed applications:

- Email: [across@hmahec.org](mailto:across@hmahec.org)

or

- U.S. Postal Service:

Hudson Mohawk AHEC: Health Career Scholarship

13 British American Blvd, Suite 2

Latham, NY 12110

*Note: These applications must arrive by the posted deadline to be considered.*

### Application Checklist:

- Completed application
- School transcripts
- Acceptance letter from college or certificate program OR for the candidates that are reapplying please provide a letter of good standing from your school
- Essay
- Current resume

All scholarship award recipients will be notified directly from Hudson Mohawk AHEC.

Award recipient information will be posted on our website at [www.hmahec.org](http://www.hmahec.org) and a press release will be sent to local media outlets with awardee name, current school attending and/or planning to attend.

Please provide us with the following information:

1. Personal Contact Information:

Name:			
Home Address:			
City, State, Zip:			
County:			
Home Phone:		Cell Phone:	
E-mail:			

2. Current School Status (college or high school):

School Name:			
GPA:			
Graduation Date:			

- Please provide a copy of your current transcript and a school contact who can verify your enrollment status:

Guidance counselor/advisor name:			
Guidance counselor/advisor direct phone number:			
Guidance counselor/advisor e-mail address:			

3. Volunteer activities and extracurricular activities:

- Please share a list of your extracurricular activities and staff/advisor contact information which supports consideration for your scholarship application. Additional activities may be included on a separate sheet.

Name of Activity:			
Dates of participation:			
Staff/Advisor Name:			
E-mail Address:			
Phone Number:			

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Dates of participation:			
Staff/Advisor Name:			
E-mail Address:			
Phone Number:			

4. Please indicate past HM AHEC programs you have participated in.

- Healthcare Career Exploration Presentation
- MASH Camp
- Job Shadowing/Interning
- Reality Check

5. Employment information (if applicable):

Employer:			
Supervisor Name:			
E-mail Address:			
Phone Number:			

**Application Deadline: Friday, March 15, 2024**

6. **Healthcare Training/Education Plan:**

Please indicate what type of program you will be entering:

- 4-year college program
- 2-year college program
- Certificate program
- Vocational training
- Other: \_\_\_\_\_

7. **Please specify your field of study:**

Clinical Fields of Study/Health Careers		Non-Clinical Fields of Study
<input type="checkbox"/> Anesthesia Technologists and Technicians	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Biology (General)
<input type="checkbox"/> Cardiovascular Technologists and Technicians	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Biochemistry
<input type="checkbox"/> Community Health Workers	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Chemistry
<input type="checkbox"/> Dental Assistants and Hygienists	<input type="checkbox"/> Occupational Therapists and Assistants	<input type="checkbox"/> Health Science
<input type="checkbox"/> Dentists (DDS or DMD)	<input type="checkbox"/> Ophthalmologist and Opticians	<input type="checkbox"/> Health Care Administration
<input type="checkbox"/> Diagnostic Medical Sonographers	<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Health Information Technology
<input type="checkbox"/> Dialysis Technicians	<input type="checkbox"/> Physicians (DO or MD)	<input type="checkbox"/> Human Biology/Physiology
<input type="checkbox"/> Dietitians and Nutritionists	<input type="checkbox"/> Physician Assistants	<input type="checkbox"/> Neuroscience
<input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Physical Therapists and Assistants	<input type="checkbox"/> Psychology
<input type="checkbox"/> Health Educators	<input type="checkbox"/> Radiation Therapists	<input type="checkbox"/> Public Health
<input type="checkbox"/> Medical and Clinical Laboratory Technologists and Technicians	<input type="checkbox"/> Radiologic Technologists and Technicians	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical Assistants	<input type="checkbox"/> Respiratory Therapists	_____
<input type="checkbox"/> Nuclear Medicine Technologists	<input type="checkbox"/> Social Workers	
	<input type="checkbox"/> Substance Abuse and Behavioral Disorder Counselors	
	<input type="checkbox"/> Surgical Technologists	
	<input type="checkbox"/> Other: _____	
	_____	

8. **College/Training Organization contact Information:**

<b>Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Student ID # from College or Certificate Program:</b>	

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9. Do you live in a Rural, Urban or Suburban area (please choose one):

- Rural (located outside cities and the centers of towns)
- Urban (population of 50,000+)
- Suburban (adjacent to a city or surrounding the city)

10. What is your age range?

- 10-19
- 20-29
- 30-39
- 40-49
- 50+

11. Are you a first-generation college student (meaning - your parents & grandparents did not attend college)?

- Yes
- No

12. What is your race? Select all that apply.

- African American/Black
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- White
- Other (Please specify): \_\_\_\_\_
- I prefer not to answer

13. Are you Hispanic/Latino?

- Yes
- No
- I prefer not to answer

14. What type of setting or location are you interested in working or practicing in? Please check all that apply:

- New York State
- An urban setting
- A rural setting
- An underserved community
- Primary care setting

15. In 400 words or less, please attach an essay expressing why you are pursuing a career in healthcare and why you should be a recipient of this scholarship.

16. How did you hear about this scholarship application? Please select from the list below:

- School Counselor/Teacher
- Past participation in HM AHEC Programs – *Please circle:*  
*MASH Camp, Healthcare Career Exploration presentation, Career Fairs, Job Shadow/Internship*
- Facebook/Instagram
- Hudson Mohawk AHEC Website
- Other: \_\_\_\_\_

**Thank you for your interest in the HM AHEC Health Career Scholarship!**

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