



# WISCONSIN AHEC

Area Health Education Centers

## Welcome

### Welcome to the 2023 AHEC Scholars Application!

Before applying, make sure to read about the program and eligibility criteria on [our website](#).

*Applications are due at 11:59pm on October 15, 2023.*

Please have proof of admission to an approved health professions degree program, such as an unofficial copy of your transcript or an acceptance letter, ready to upload as part of this application.

We recommend you complete the application in one sitting, but if you need to leave and come back, simply click out of the application, and your answers will be saved if you open the application again in the same browser.

Click below to begin.

## Basic Info

### CONTACT INFORMATION

#### Name

First Name

Last Name

Preferred Name (if different from above)

**Preferred Email Address**

**Alternate Email Address**

**Cell Phone Number**

**I agree to receive text notifications about Scholars programming.**

Yes

**Permanent Mailing Address**

Street Address

City

State

Zip Code

### **Academic Information**

## **ACADEMIC INFORMATION**

The information collected in this section is to verify your eligibility for our AHEC Scholars program. Eligible applicants are enrolled in an approved health professions degree program and are on track to graduate in spring, summer, or fall 2025.

**Please choose the approved program(s) you are CURRENTLY admitted to or enrolled in.**

- Dentistry (DDS, DMD)
- Medicine (MD, DO)
- Mental Health Counseling/Psychology (MA, MS, PhD)
- Nurse Practitioner (DNP)
- Occupational Therapy (MOT, OTD)
- Occupational Therapy Assistant (OTA)
- Pharmacy (PharmD)
- Physical Therapy (PT)
- Physical Therapy Assistant (PTA)
- Physician Assistant (MPAS)
- Public Health (BPH, MPH, PhD)

- Registered Nurse (ADN, BSN, MSN)
- Social Work Program (BSW, MSW, PhD)
- Not listed above

**What college or university are you attending?**

  

**If the college or university you are attending is not listed, please type the name of the school below.**

**Please submit a document that provides Proof of Admission to the program you have listed.**

**We will accept a variety of documents including unofficial transcripts, a letter/email of acceptance to the program, a certification of your enrollment in the program, etc.**

**What semester and year will you graduate with your degree? To be eligible, you must be graduating in one of the following.**

- Spring 2025
- Summer 2025
- Fall 2025

**If your program includes a clinical rotation or field experience and you know where your placement will be for that, please type the location and city where you will complete this work.**

**(e.g. DPH 4 Hub for UW Madison Pharmacy Rural Track students, Applied Practical Experience for UW Madison MPH students, CHEP for UW Madison Medical students in CPC, etc.).**

**What are your plans following graduation from the academic program listed above?**

- Continue education in another academic program
- Enter the workforce
- Apply to residency program
- Other

**Do you plan to work in Wisconsin following graduation?**

- Yes
- No
- Unsure

**Where in Wisconsin would you like to work?**

**Are there any particular populations or topic areas you plan to work in? (optional)**

**Are you a first generation college student? (first person in your immediate family to attend a bachelor's degree program)**

- Yes
- No
- Prefer not to report
- I don't know
- Not applicable

**Demographic Data**

## **DEMOGRAPHIC INFORMATION**

The following information collected in this section is used for annual reporting to the Health Resources & Services Administration (HRSA), an agency of the US Department of Health and Human Services. HRSA is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. WI AHEC receives funding from HRSA to support our Scholars program.

Please note that the following data fields and their choices are provided to us from HRSA. Our reporting to HRSA does not include any personal identifying information so your name, addresses, contact information will remain confidential. Additionally, while we request this information as part of your application to our Scholars program your responses in this section are not considered in our selection process and we do not discriminate on the basis of age, gender identity or expression, race, or ethnic identity.

**What year were you born (YYYY)?**

**What is your current age?**

- 19 and under
- 20-29
- 30-39
- 40-49
- 50-59
- 60 and over
- Prefer not to report

**With which gender category do you identify?**

- Female
- Male
- Non-binary/Third gender
- Other
- Prefer not to report

**What pronouns do you prefer?**

- He, Him, His
- She, Her, Hers
- They, Them, Theirs
- Other (please specify)

**Are you of Hispanic, Latinx, or of Spanish origin?**

- Yes

- No
- Prefer not to report

**How would you describe yourself? Check all that apply. If you pick Asian, please type in what Asian ethnicity you are (e.g. Chinese, Hmong, Indian, Lao, etc.).**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to report

**Please indicate your veteran status.**

- Not a Veteran
- Active Duty Military
- Reservist
- Veteran - Prior Service
- Veteran - Retired
- National Guard
- Prefer not to report

HRSA defines a rural area as a geographical area located in a non-metropolitan county or an area located in a metropolitan county designated by the Federal Office of Rural Health Policy as being considered rural.

**Do you currently live or have you ever lived in a rural area?**

- Yes



- Maybe  
 No

**If you selected "Yes" or "Maybe" to the preceding question, please list the city, state, zip code where you currently live or lived previously (no matter how long) that you believe meets the definition of rural.**

The following are definitions of a disadvantaged background according to HRSA.

- Environmentally Disadvantaged: Your environment made it harder for you to obtain the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.
- Economically Disadvantaged: You are from a family with an annual income below a level based on low-income thresholds.
- Educationally Disadvantaged: You come from a social, cultural, or educational environment that has made it harder to obtain the knowledge, skills, and abilities necessary to develop and participate in a health professions education of training program.

**Do you identify with any of the above categories of disadvantaged backgrounds?**

- Yes  
 No  
 Prefer not to report

**Personal Statement**

# PERSONAL STATEMENT

**In 500 words or less, please describe your background and career goals. How do you feel the WI AHEC Scholars Program will benefit you in reaching your goals?**

## Recruitment

**Were you recruited by a member of the AHEC staff or by an AHEC Center to participate in Scholars? [\[link to list of Centers\]](#)**

- Yes (if so, list the staff member or Center)
- No

**Have you previously participated in any other Wisconsin AHEC programs? Please check all that apply.**

- High school AHEC summer camp or other AHEC Health Careers programming
- Youth Health Service Corps
- AHEC Community Health Immersion (Wisconsin Express)
- AHEC Interprofessional Case Competition
- AHEC Community Health Internship Program (CHIP)

- Other
- Never participated in AHEC programming

**How did you learn about the Wisconsin AHEC Scholars Program? Please check all that apply.**

- Campus event (job fair, etc)
- Classroom presentation
- Email sent directly to me from Wisconsin AHEC
- Flyer/Poster on bulletin board
- From past or current Scholar
- From academic advisor/program
- Handshake
- Wisconsin AHEC Website
- Social media
- Other

**Commitment**

**If accepted to the AHEC Scholars Program, I agree to commit to the consecutive two years of the program.**

- I agree

Press the right arrow below to submit your application.