
Hudson Mohawk AHEC Health Career Scholarship 2025 Application

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 2024 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 21, 2025**. Preference will be given to students pursuing a degree at an educational institution within our 10-county region.

Applicants may choose ONE method of submission for completed applications:

- Email: Amber Guyette-Blackmer, Pipeline Coordinator at aguyette-blackmer@hmahec.org
- or
- U.S. Postal Service:

Hudson Mohawk AHEC: Health Career Scholarship
13 British American Blvd, Suite 2
Latham, NY 12110
ATTN: Amber Guyette-Blackmer

Note: 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 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 by June 15, 2025.

Award recipient information will be posted on our website at 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:			
Name of Activity:			
Dates of participation:			
Staff/Advisor Name:			
Staff/Advisor Name:			
E-mail Address:			
E-mail Address:			
Phone Number:			
Phone Number:			

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

- Healthcare Career Exploration Presentation
- MASH Camp

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- Job Shadowing/Interning
- Reality Check
- Other: _____

5. Employment information (if applicable):

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

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 <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Technologist or Technician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Technologist and Technician <input type="checkbox"/> Occupational Therapist or Assistant <input type="checkbox"/> Community Health <input type="checkbox"/> Ophthalmologist or Optician Worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Dental Assistants or <input type="checkbox"/> Hygienist <input type="checkbox"/> Physician (DO or MD) <input type="checkbox"/> Dentist (DDS or DMD) <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Diagnostic Medical <input type="checkbox"/> Physical Therapist or Sonographer Assistant <input type="checkbox"/> Dialysis Technician <input type="checkbox"/> Radiation Therapist <input type="checkbox"/> Dietitian/Nutritionist	<input type="checkbox"/> Biology (General) <input type="checkbox"/> Biochemistry <input type="checkbox"/> Chemistry <input type="checkbox"/> Health Science <input type="checkbox"/> Health Care Administration <input type="checkbox"/> Health Information Technology <input type="checkbox"/> Human Biology/Physiology <input type="checkbox"/> Neuroscience <input type="checkbox"/> Psychology <input type="checkbox"/> Public Health <input type="checkbox"/> Other: _____

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<input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Health Educator <input type="checkbox"/> Medical/Clinical Lab Technologist/ Technician <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Nuclear Medicine Technologist	<input type="checkbox"/> Radiologic Technologist or Technician <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Substance Abuse and Behavioral Disorder Counselor <input type="checkbox"/> Surgical Technologist <input type="checkbox"/> Other: _____ _____	_____
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8. **College/Training Organization contact information:**

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

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

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- 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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