

AMBASSADORS PROGRAM at NM HIGHLANDS UNIVERSITY
PROGRAM START DATE: September 7th, 2020

APPLICATION DEADLINE BY July 15, 2020

The NM HCOP Ambassadors Program is a federally funded program that provides students from economically or educationally disadvantaged backgrounds a year to year program to ensure students matriculate and graduate to their next level of education, ultimately, a health professions program. The Ambassadors Program will accept five undergraduate students, where students will receive a curriculum focused on integrated learning activities that include health research projects, mentoring, student support services, cultural humility trainings, individual professional development plans, and coping/wellness strategies, among other programmatic activities. The program will be housed with the ARMAS Center at New Mexico Highlands University.

Interested applicants must be New Mexico residents, as defined by the UNM School of Medicine, <http://som.unm.edu/education/md/apply/residency.html>. Applicants should demonstrate a commitment to increasing health equity.

Students must be U.S citizens, non-citizens nationals, or foreign who possess a visa permitting permanent residence in the United States.

Questions regarding citizenship, residency and/or application details can be directed to HSC-diversity@salud.unm.edu or by calling 505-272-2728 or 505-272-7950.

Eligibility Requirements

- NM resident/U.S citizen or non-citizens nationals, or foreign who possess a visa permitting permanent residence in the United States.
- Considered a Freshmen (0 - 27 credits), or Sophomore (27 - 59 credits) beginning in Fall 2020.
- Must express interest in a health profession (not including Nursing).
- Student comes from an economically and/or educationally disadvantaged background (See description in following page).

Participation Dates

This is a year to year program, completed upon graduation. The Program runs during the academic year beginning on Monday, September 7th, 2020 and end on Friday, May 15th, 2021. Participation is expected throughout the duration of the program. Schedule is subject to change.

Failure to include any of the supporting documents, not following directions completely, or leaving blank sections on this application form will result in an automatic disqualification. To apply, please complete the attached application.

SUBMIT COMPLETE APPLICATION via email to

Kelly Trujillo at kmtrujillo@nmhu.edu

**Director of ARMAS Center at
New Mexico Highlands University**

THE AMBASSADORS PROGRAM
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APPLICATION CHECKLIST

APPLICANT NAME: _____

Complete application packets must include:

- Complete Student Application**
- College Transcript(s):** An unofficial transcript from all the schools that you have attended
- Personal Statement Questions:** Are formatted in a breakdown of the following questions (please see below). Please keep each answer to a maximum of 200 words per question. With these questions we are seeking to capture not only a snapshot of where you are currently as a student but also where you have been and where you see yourself in the future as a health professional.
 - 1) What achievements you have accomplished despite of educational, social, and economic challenges?
 - 2) What academic major are your pursuing and why has it motivated your interest in a health career?
 - 3) What are your educational goals and in what ways will they impact you, your family, and your community?
 - 4) What kind of educational experiences and skill sets do you hope to gain if you are selected to be part of the Office for Diversity, Equity, & Inclusion's Ambassadors Program?

*Economically or Educationally Disadvantaged: Individuals considered "**economically disadvantaged**" come from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S Census Bureau.*

*Individuals are considered to be from an "**educationally disadvantaged**" background if they come from a social, cultural, or educational environment that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in health professions education or training program.*

Note: Only one recommendation letter will be reviewed. Incomplete applications will not be considered. It is your responsibility to confirm that we have received all your materials. Be sure not to leave any fields blank.

Office Use Only

Date Submitted: _____

Staff Initials: _____

Personal Statement Questions

Please keep each answer to a maximum of 200 words per question. With these questions we are seeking to capture not only a snapshot of where you are currently as a student but also where you have been and where you see yourself in the future as a health professional.

1) What achievements you have accomplished despite of educational, social, and economic challenges?

2) What academic major are your pursuing and why has it motivated your interest in a health career?

3) What are your educational goals and in what ways will they impact you, your family, and your community?

4) What kind of educational experiences and skillsets do you hope to gain if you are selected to be part of the Ambassadors Program?

NM HCOP AMBASSADORS PROGRAM STUDENT APPLICATION

PERSONAL INFORMATION

Please make sure that the information given in this section is accurate and matches with any federal or state issued document (ex. Social security card, ITIN card).

1. Name: _____

Last
First
Middle
2. Address: _____

Street Address or P.O. Box Number

City or Town
County
State
Zip
3. Phone: _____ Email Address: _____
4. Gender: Female Male Other _____
5. U.S. Citizen: Yes No If no, can you provide a SSN or ITIN: Yes No
6. New Mexico Resident: Yes No If no, state of residency: _____
7. Date of Birth: _____ 8. Place of Birth: _____
8. Do you consider yourself to be Hispanic/Latino(a)? Yes No
 In describing yourself, please select one or more of the following racial categories:
 American Indian or Alaskan Native (Specify affiliation): _____
 Asian Black or African American Native Hawaiian/Pacific Islander
 White Other (Please specify): _____
9. What language(s) do you speak? _____
 What is the primary language spoken at home? _____
 What was your first language? _____

EDUCATIONAL BACKGROUND

10. Please list the high school you graduated from and the colleges/universities you have attended and/or are attending:

School Name	City/State	Dates Attended	GPA	Major/Minor (disregard HS)

11. Indicate your current year in college: Freshman Sophomore Junior Senior Graduate
 Please indicate your anticipated or actual college graduation date: _____
 What Health Science Program are you interested in applying to: _____
12. Please check all the general prerequisite courses that you have completed:

General Biology I
 General Chemistry II
 Organic Chemistry I

General Biology II
 General Physics I
 Organic Chemistry II

General Chemistry I
 General Physics II
 Biochemistry

FAMILY BACKGROUND

Parent/Guardian 1: Applicant lives with this parent/guardian: Yes No

13. Name: _____
Last First Middle

14. Address: _____
Street Address or P.O. Box Number

City or Town County State Zip Code

15. Phone: _____ Email Address: _____

16. What is the highest level of education completed by Parent/Guardian 1:

- 8th grade or less
- Some high school
- High school diploma/G.E.D.
- Some College
- Trade/vocational school
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral/Professional degree
- Not sure

Parent/Guardian 2: Applicant lives with this parent/guardian: Yes No

17. Name: _____
Last First Middle

18. Address: _____
Street Address or P.O. Box Number

City or Town County State Zip Code

19. Phone: _____ Email Address: _____

20. What is the highest level of education completed by Parent/Guardian 2:

- 8th grade or less
- Some high school
- High school diploma/G.E.D.
- Some College
- Trade/vocational school
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral/Professional degree
- Not sure

FINANCIAL BACKGROUND

I am currently financially supported by (**check all that apply**):

Self Father Mother Other (state relationship to you): _____

Annual Household Income:

\$0 - \$25,520 \$25,521 - \$34,480 \$34,481 - \$43,439 \$43,440 - \$54,399 \$54,400 - \$61,359

\$61,360 - \$70,319 \$70,320 - \$79,279 \$79,280 - \$88,239 \$88,240 +

How many people live in your household (include yourself)? _____

What is the number of dependents under the age of 18 in your household: _____

ADDITIONAL INFORMATION

21. Did you participate in the NM HCOP Health Careers Academy in high school? Yes No

22. Do you have any relatives in a health profession? Yes No

Which specific fields? _____

23. Please list your health career interest(s): _____

24. Please list any health-related certifications or training you have received and date of completion (i.e. CPR, First Aid):

25. Please list extra-curricular, volunteer, and/or community experiences: (i.e. sports, school clubs, church activities, etc.)

26. Do you have any other obligation during the program Participation Dates that may interfere with your ability participate in this program? Yes No
27. If answered yes, please include information and dates for things such as (but not limited to), anticipated travel, employment, etc. _____

28. If applicable, please list any special needs, accommodations, and/or considerations you would like us to be aware of during your participation in the program: _____

STATEMENT OF CERTIFICATION

I certify that all information given is true to the best of my knowledge. I understand that failure to disclose accurate information is grounds for dismissal from or selection into the program.

 Signature of Applicant

 Date