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
PROGRAM START DATE: September 7th, 2020
APPLICATION DEADLINE BY July 15, 2020

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 you 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: ___________________________
   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:

<table>
<thead>
<tr>
<th>School Name</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>GPA</th>
<th>Major/Minor (disregard HS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 Biology II    □ General Chemistry I
   □ General Chemistry II □ General Physics I     □ General Physics II
   □ Organic Chemistry I  □ Organic Chemistry II □ Biochemistry
FAMILY BACKGROUND

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

13. Name: ____________________________

__________________________

__________________________

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 □ Trade/vocational school □ Master’s degree
□ Some high school □ Associate’s degree □ Doctoral/Professional degree
□ High school diploma/G.E.D. □ Bachelor’s degree □ Not sure
□ Some College

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

17. Name: ____________________________

__________________________

__________________________

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 □ Trade/vocational school □ Master’s degree
□ Some high school □ Associate’s degree □ Doctoral/Professional degree
□ High school diploma/G.E.D. □ Bachelor’s degree □ Not sure
□ Some College

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