



## Empowering & Mentoring in Medicine Application

The Jericho Road Community Health Center (JRCHC) and Erie Niagara Area Health Education Center (AHEC) Empowering & Mentoring in Medicine (EMIM) Program is a wonderful opportunity for high school students to explore career options in medicine and provide holistic care to the community. Join our 2025 cohort in a six-week program of interactive learning in dynamic healthcare environments.

The purpose of EMIM is to provide high school students the opportunity to participate in a program that will encourage and equip them to succeed as future medical providers (doctors, nurse practitioners, dentists, etc.) needed in our region.

**Dates:** July 7 - August 14, 2025

**Times:** 8:00 am - 12:00 pm, Monday - Friday

Our unique program incorporates active participation in a wide range of learning experiences including:

- ***Admissions Planning and Academic Advising:*** Get tips and guidance on how to prepare for your education and career in the medical field.
- ***Career Discovery:*** Learn about job opportunities in clinical healthcare settings.
- ***Shadowing Opportunities:*** Work directly with Nurse Practitioners, Physician Assistants, Certified Diabetes Educators, Pharmacists, Behavioral Health Providers and Medical Doctors to understand their profession in practical clinical settings.
- ***Building Tours:*** Explore our community of healing, learning and holistic care.
- ***Network:*** Meet with real-world practitioners, medical teams and current residents.
- ***Activities and Live Demos:*** Observe skills and obtain wisdom and knowledge from internal and external partners.

In order to provide opportunities for participating students, JRCHC and Erie Niagara AHEC will provide stipends for full participation in the program.

**In order to apply, students MUST:**

- Apply through the Mayor Summer Youth Program and clearly indicate on their application that they wish to be considered for placement in the EMIM Internship program
- Reside in the City of Buffalo
  - Proof of residency is required
- Be entering grades 10, 11, or 12 in Fall 2025
- Have sincere interest and commitment to pursuing a healthcare career after high school

**Applications will be accepted until April 25, 2025. Only completed applications will be considered.** If your application is selected for review, you will be contacted via the information you have provided to schedule an interview. Please make sure your contact information is current and accurate.

**Complete this application and mail or drop off to the following address:**

Erie Niagara Area Health Education Center  
Attn: Ondalee Horton  
100 Leroy Avenue, Suite 250  
Buffalo, NY 14214

## Contact Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address:

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Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to You: \_\_\_\_\_

## Student Information

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_

Name of High School:

\_\_\_\_\_

What grade are you entering in September 2025?:

10th: \_\_\_\_\_

11th: \_\_\_\_\_

12th: \_\_\_\_\_

### COVID-19 Vaccination Status

*(you will need to be fully vaccinated in order to participate in this program. If you need help obtaining the required vaccinations, please let us know.)*

Due to this program taking place in healthcare locations around vulnerable populations, the COVID-19 vaccine is required.

Fully Vaccinated? (*circle one*):      Yes              No

If you answered “no” to the above question, do you need assistance obtaining the COVID-19 Vaccine? (*circle one*):      Yes              No

## Additional Information

How did you hear about this program?:

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What activities do you participate in outside of academics? (*sports, arts, theater, coding, reading, extracurricular clubs, part-time jobs, volunteering, religious community, etc.*):

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What are your long-term goals? How does your participation in the program relate to those goals?:

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What aspects of medicine, or our related programs, interest you the most?

*We will attempt to provide you with additional experiences in concert with your interests (obstetrics, diabetes, community programs, behavioral health, pharmacy, dental, etc.):*

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Do you speak any language(s) fluently other than English? If yes, which one(s)?:

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## **Supplemental Materials**

*The items listed below are mandatory. Applications will not be considered complete, or be eligible for review without these additional documents.*

### **Essay:**

- Please describe your interest in the medical field in a **TYPED**, brief essay format (minimum of 200 words).

### **Please submit at least two letters of recommendation from:**

1. Someone you know well who can attest to your personal character.
2. A teacher, professional, or administrator that can attest to your character and academic abilities.

### **Please upload proof of residency. The following documents will be accepted:**

- Notarized letter confirming proof of residency
- Official letter from your school
- Report card from your school
- State ID (copy)
- School ID (copy)
- Certified high school transcript
- Utility bill

## **Agreement**

I affirm that I have read this completed application, and I have not withheld any information and that the information is true and correct. I understand that misrepresentation in my application or illegal conduct will be grounds for dismissal from this program. I authorize Jericho Road Community Health Center and Erie Niagara Area Health Education Center to verify any information I have furnished on this application and to contact any references I have listed.

In consideration of my participation in the program, I agree to conform to the rules and regulations of Jericho Road Community Health Center and Erie Niagara Area Health Education Center as listed in the orientation and training materials. I certify that I agree with these rules and regulations and agree to abide by them during my time in the program.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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Name (Printed)

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Signature

Date