



ASPIRE Pathways Application

The ASPIRE Pathways is an innovative enrichment program sponsored by the Howley Foundation in collaboration with Cleveland Clinic and educational partners, Tri-C and Kent State University. This program is designed for high school students in their junior year and focuses on pursuing careers in healthcare. The ASPIRE Pathways includes hands-on experience in Respiratory Therapy, Surgical Technology, and Sterile Processing to provide students with career information and critical skill sets to support advancement through higher education, career readiness, and beyond.

The deadline to apply for ASPIRE Pathways is Friday, November 18, 2022.

Please be sure to include all documentation which includes math, science, or english teacher reference, and all program recommendations.

STUDENT INFORMATION

First Name*

Last Name*

Phone Number*

Email Address*

Confirm your Email Address*

Date of Birth (*mm/dd/yyyy*)*

Social Security (*last four digits*) or International Tax ID Number*

Gender*

☐ Male

- ☐ Female
☐ Other, please specify

Race/Ethnicity (*Select all that apply*)*

- ☐ American Indian ☐ African American ☐ Caucasian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander
☐ Other, please specify

Home Address*

Street:

City:

Zip Code:

State:

Emergency Contact Information*

Contact Name:

Relationship:

Phone Number:

Email Address:

Does your family meet criteria for financial need? Use link below as guideline.

<https://aspe.hhs.gov/poverty-guidelines>*

-- Please Select -- ▼

Are you a first generation college student or first in your family to receive formal training or certification in a healthcare field?*

Meaning that your parents have not graduated from an accredited college or hold any career certifications in healthcare.

-- Please Select -- ▼

Please complete the below. Fill in all that apply and provide as much detail as possible.

Honors/AP Classes:

Leadership:

Community Service / Volunteer Work:

Extracurricular Activities:

Awards / Certifications:

Healthcare Experience (high school programs):

ACT/PSAT Score (if available):

How did you hear about ASPIRE Pathways? *(Select all that apply)**

- ☐ Family member ☐ Friend ☐ At my school ☐ Current/former ASPIRE participant ☐ Website
☐ Other, please specify



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SCHOOL INFORMATION

High School*

School District*

Grade Level*

-- Please Select -- ▼

School Reference First and Last Name *(must be math, science, or english teacher)*

School Reference Email Address *(must be math, science, or english teacher)*

School Reference Confirm Email Address *(must be math, science, or english teacher)**

Guidance Counselor First and Last Name*

Guidance Counselor Email Address*

Guidance Counselor Confirm Email Address*

RECOMMENDATIONS. Two recommendations from non-family members are a required element of your application. Please provide full names and email addresses in the boxes below. This should be someone who can speak about the strength of your character (ie. Coach, Teacher, Faith leader, Counselor, Community Leader, Volunteer Coordinator, etc.). These are a required element of your application). **If your GPA is 2.0 - 2.4 (on a weighted scale): An additional letter of recommendation is required.

1st Recommendation First and Last Name*

1st Recommendation Email Address*

1st Recommendation Confirm Email Address*

1st Recommendation Relationship to Applicant*

- ☐ Coach
- ☐ Community Leader
- ☐ Counselor
- ☐ Faith Leader
- ☐ Volunteer Coordinator
- ☐ Other, please specify

2nd Recommendation First and Last Name*

2nd Recommendation Email Address*

2nd Recommendation Confirm Email Address*

2nd Recommendation Relationship to Applicant*

- ☐ Coach
- ☐ Community Leader
- ☐ Counselor
- ☐ Faith Leader
- ☐ Volunteer Coordinator
- ☐ Other, please specify

RECOMMENDATIONS. **Only complete additional letter of recommendation if your GPA is 2.0 - 2.4 (on a 4.0 weighted scale)

Additional Recommendation First and Last Name

Additional Recommendation Email Address

Additional Recommendation Confirm Email Address

Additional Recommendation Relationship to Applicant

- ☐ Coach
- ☐ Community Leader
- ☐ Counselor
- ☐ Faith Leader
- ☐ Volunteer Coordinator
- ☐ Other, please specify



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ESSAY REQUIREMENT

All applicants are required to submit an essay with their application to be considered for participation in the program. Please answer the following questions to the best of your ability. Essays must be typed in the space provided below (hand-written essays will not be accepted). Please provide as much detail as possible. Please note, essays are not confidential and will be shared amongst all ASPIRE selection committee members. *Minimum of 250 words per question.

Essay Question #1

Tell us about yourself and share your story. Provide as much information as possible.
Tell us about your family, friends, and school. What are your best qualities? What are your hobbies?

*

Essay Question #2

What interests you about having a career in a healthcare field? Why do you want to be a part of this program? What motivates you? Please explain.

*

Essay Question #3

Tell us about a challenge or obstacle in your life and how you overcame it?
Or, what is the hardest thing you’ve ever done and what did you learn?

*



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[Application Checklist](#)

Please note, the ASPIRE Pathways team will utilize the contact information you provided to reach out to your math/science/english teacher for a school reference, guidance counselor for your high school transcript, and individuals for submitting program recommendations.

We ask that you inform your math, science, or english teacher, guidance counselor, and program recommendations to be on the lookout for an email from our team that will include instructions on what is needed from them.

Please ensure all application requirements are complete prior to submission. This includes the following:

- ☐ - program recommendations
- ☐ - math, science, or english teacher reference

If you need assistance completing your application, please contact ASPIREpath@ccf.org.