



## MY PACE – POSTSECONDARY AND CAREER ACCESS PROGRAM

**To apply:** Complete the application form in full. Be sure to answer the three essay questions below on a separate sheet. It **must** be typed. Have an appropriate representative complete the portion of the Professional Recommendation form. Submit your application and additional materials to [mypace.pathways@graahi.org](mailto:mypace.pathways@graahi.org). Please do not submit additional documentation (i.e., extra recommendation letters, resumes, etc.)

**APPLICANT INFORMATION:** I have participated in the program before: True False

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City Zip Code

Email: \_\_\_\_\_ Participant Cell No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Desired program: \_\_\_\_\_

Did you earn your high school diploma or GED? Yes No Year \_\_\_\_\_

Have you ever started a college program? If yes, please list the school, year, and program. If not, please leave it blank.

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Contact 1: \_\_\_\_\_ Relation to participant: \_\_\_\_\_

Cell No. \_\_\_\_\_ Email address \_\_\_\_\_

**REMEMBER ALL FORMS AND RESPONSES MUST BE COMPLETE AND SUBMITTED TOGETHER.**





## MY PACE – POSTSECONDARY AND CAREER ACCESS PROGRAM

### MY PACE ROUTE INTRODUCTION

Please rank each route on a 1-5 scale with 1 (one) being your top interest and 5 being your least interest. Then, for each career or job listed under that route, mark an “X” to indicate which career or job sounds interesting or you would like to learn more about. Please note all careers or jobs are not listed in this list; this list is your introduction to these unique routes in the healthcare industry.

#### ***Route 1: Diagnostic Focus***

- EKG technician
- Phlebotomist
- Radiology technician
- Ultrasound technician
- Dental laboratory technician

#### ***Route 2: Therapeutic Services***

- Certified Nurse Assistant (CNA)
- Pharmacist
- Occupational therapist
- Paramedic
- Respiratory therapist

#### ***Route 3: Health Informatics***

- Medical administrative assistant
- Health information technician
- Nurse manager
- Medical transcriptionist
- Health care administrator

#### ***Route 4: Biotechnology Research and Development***

- Toxicologist
- Cytotechnologist
- Biomedical engineer
- Epidemiologist
- Forensic science technician

#### ***Route 5: Support Services***

- Dietary technician
- Biomedical equipment technician
- Hospital maintenance engineer
- Medical librarian
- Central services technician

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**MY PACE – POSTSECONDARY AND CAREER ACCESS PROGRAM  
PROGRAM PROFESSIONAL RECOMMENDATION:**

Directions: Any professional reference (former professor, teacher, counselor, supervisor, mentor, etc.) would be ideal to complete this recommendation form. Return your recommendation form along with the additional sheets to a *My Pace* representative.

**APPLICANT INFORMATION:**

Name \_\_\_\_\_  
First Last  
Organization \_\_\_\_\_  
Title \_\_\_\_\_ Tel. \_\_\_\_\_

**PLEASE SUBMIT A BRIEF (500 WORDS OR LESS) RECOMMENDATION FOR THE APPLICANT'S PARTICIPATION IN THE MY PACE PROGRAM.**

- OVERALL RECOMMENDATION:** (mark one)
- I recommend the candidate without reservation
  - I recommend the candidate with reservation (please explain on another sheet)
  - I believe the candidate is unsuited for the program at this time.

NAME: (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MY PACE – POSTSECONDARY AND CAREER ACCESS PROGRAM**  
**Photo and Media Release Form for the My Pace Program**

*Place an x beside the paragraph granting or denying GRAAHI's permission to use your photo.*

\_\_\_\_\_ I affirm The Grand Rapids African American Health Institute (GRAAHI) **has** my permission to use my photograph internally and publicly to promote the My Pace Program. I agree that GRAAHI may use photographs with or without my name. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fees, or other compensation shall become payable to me by reason of such use.

\_\_\_\_\_ I deny The Grand Rapids African American Health Institute (GRAAHI) my permission to use my photograph internally or publicly to promote the My Pace Program. This applies to print publications, online publications, presentations, websites, and social media.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

\_\_\_\_\_ Date

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**MY PACE – POSTSECONDARY AND CAREER ACCESS PROGRAM**  
**My Pace Program through Grand Rapids African American Health Institute**  
**Permission for Attendance; Waiver of Claims; and Consent for Emergency Medical Care**

**Acknowledgment, Release, and Assumption of Risk**

I acknowledge that enrollment in the My Pace program through the Grand Rapids African American Health Institute (GRAAHI) may include the requirement for travel to and from various locations located in downtown Grand Rapids and the several college/university campuses, and participation in the full spectrum of college life at multiple institutions, including classroom attendance; traveling throughout campus; residing in the dormitories; dining at campus food service facilities; engaging in organized or spontaneous recreational events; and having full access to the facilities ordinarily used by students on the host campuses. I agree that, on behalf of myself, I assume all risks ordinarily attendant to participation in this program, and I hereby waive and release the My Pace program and its officers, employees, and volunteers from and against any claim for liability arising out of any personal injury, including death, or any property damage, including theft, which occurs or relates to the enrollee's participation in the My Pace program. I also agree to indemnify and hold harmless the My Pace program from and against any claim arising out of my attendance, conduct, and activities within the program.

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*Participant Signature*

*Date*

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