

Dear Parent/Teacher:

Thank you so much for your interest in the ACHiever program!

The ACHiever program was initially designed for young women entering the ninth grade and has been ongoing in the community for the past 21 years. With its success, in 2018 the program grew to offer an ACHiever program for young men. This program was founded to allow the ninth grade students of the community a unique opportunity to network directly with medical professionals and their peers and to raise funds and awareness for ACH.

We believe that this program is beneficial in exposing young women and men to Arkansas Children's Hospital, introducing them to a variety of wonderful medical careers, and encouraging the importance of philanthropy. In addition to the community service hours earned through program attendance, ACHiever participants may earn additional service hours working in non-patient care areas.

The program will meet once a month from September to April and there will be a variety of community service opportunities through the seven month program. Our first session is an orientation, with a parent, in September. Educational sessions will take place one Monday of each month from 5:30 – 6:30 pm. Educational sessions may include presentations or tours of Angel One Transport Department, the David M. Clark Center for Safe and Healthy Children, Injury Prevention, Arkansas Children's Foundation, Arkansas Children's Research Institute and more! The program will culminate in April with a graduation ceremony and dinner for ACHievers and their parents.

Please share this information with your son or daughter. If he or she decides to make a commitment to the ACHiever program, we ask that you mail the ACHiever Program Application with a tax deductible deposit\*. Also, thanks to the generosity of local businesses and individuals, we have scholarships available! If you would like to apply for a scholarship, please check scholarship application on the payment box.

Once your son/daughter has been accepted into the program, you will be notified and additional detailed information will be mailed to you. Should you have any questions, please don't hesitate to call us.

We look forward to having your son/daughter as an ACHiever!

Mary-Margaret Marks

Boy ACHiever Program Chair

501-240-2448

Stacy Grobmyer

Girl ACHiever Program Chair

romujer

501-607-3192

Jessica Rivera-Hudson

Arkansas Children's Foundation

501-364-1440

# 2023-2024 ACHiever Program Application \*\*Please enclose a photo that will be used for identification purposes only

PROGRAM APPLYING TO: BOY/GIRL (please circle)

APPLICANT NAME:	AGE						
SCHOOL ATTENDING FALL 2023:		T-SHIRT SIZE					
HOME ADDRESS:							
APPLICANT PHONE:	APPLICANT'S E-MAIL:						
PARENT/S:	CELL PHONE:						
CELL PHONE:							
ADDRESS (if different from above):							
PARENT/S EMAIL ADDRESS							
SPONSOR NAME (IF OTHER THAN P	PARENTS):						
RELATIONSHIP TO APPLICANT:							
ADDRESS:	CITY	ZIP					
BUSINESS (if business sponsoring):							
BUSINESS ADDRESS:	CITY	ZIP					
WHY ARE YOU INTERESTED IN THE	ACH ACHIEVER PROGRAM?						
ACHiever Pi	ATION MUST BE MAILED rogram, Arkansas Children's Hos Way, Slot 661, Little Rock, AR 7	spital,					
My check for the total amount of My check for the deposit of \$100 Scholarship Application Please charge \$1,200 to my credit Please charge \$100 to my credit Check one: □ VISA □ Ma	is enclosed. Invoice me remaind	der per payment schedule.					
Name as it appears on credit card: _							
Credit Card #:	Expiratio	Expiration Date:					

### ACHiever Program Participant Volunteer Hours

Each ACHiever is responsible for completing 15 volunteer community service hours. They earn those hours by attending educational sessions and participating in volunteer opportunities throughout the year.

The ACHiever Program will provide the opportunity for them to earn 30+ hours.

### In Addition to the Educational Sessions and Tours. Program Includes:

- T-shirt, notebook and welcome packet
- 'Stop the Bleed' Certification Course Training
- Exclusive ACHiever Participant Volunteer Opportunities
- 1 Complimentary ACH Auxiliary Membership for parent or guardian
- Graduates Highlighted and Announced in Soiree Magazine

#### **ACHiever SCHOLARSHIP INFORMATION and APPLICATION**

A child may be sponsored by a parent, relative, friend, business or civic organization. All participant fees will be used to support Arkansas Children's Hospital Auxiliary fundraising efforts.

A limited number of scholarships are available for students who meet the following criteria:

- 1. Will be entering the ninth grade in the fall.
- 2. Will be unable to participate financially without a scholarship.
- 3. Student must submit essay of no more than 100 words indicating why participation in the program is important to the student, signed by parent or school counselor.

If your child is interested in participating and he or she meets the above criteria, please complete the enclosed application, mark scholarship application on the payment box and attach it, along with your child's essay, before mailing. No deposit is necessary.

#### 2023-2024 ACHiever PLEDGE SCHEDULE

The participation fee for the ACH ACHiever program is \$1,200. Please note that this fee is **non-refundable** once the applicant has been accepted into the program. For your convenience, the following payment schedule is offered:

Due with Application	\$100
Invoiced monthly beginning June 2023 (or month after acceptance)	
through payment completion	\$100

Balance is due by April 2024 and can be paid in full at any time.

The above payment schedule may be followed, total payment may be made at any time or we will happily work with you to create a payment schedule that works best for you. This is a tax-deductible contribution to Arkansas Children's Hospital. Since you will receive no direct benefit as a result of your gift, you may claim the full amount as a charitable deduction, according to the IRS guidelines. We accept personal or business checks, cash, VISA, MasterCard, American Express and Discover.



## AUTHORIZATION TO RELEASE HEALTH INFORMATION, IMAGE OR LIKENESS FOR MEDIA/PHOTOGRAPHY

#### ALL ELEMENTS ARE REQUIRED PRIOR TO INFORMATION BEING RELEASED

I authorize the use/disclosure of my protected health information, image or likeness as described below:

- 1. Who is authorized to use/disclose information: Arkansas Children's
- 2. Who is authorized to receive the information: The public by way of publication including, but not limited to, Arkansas Children's websites, Arkansas Children's sponsored social media sites (Facebook, Twitter, Instagram, YouTube.com, Pinterest, etc.), the internet, newspapers, television and/or radio broadcasts, books, brochures, magazines, motion picture film or video, podcasts, photographic displays, direct mail and scholastic/academic purposes. This may include use by other organizations Arkansas Children's may affiliate with on specific projects, such as the University of Arkansas for Medical Sciences (UAMS); however, information released will only be used after Arkansas Children's grants specific written authorization to use.
- 3. The specific information to be requested or released:
  - Patient's name and medical case story.
  - b. Caregivers' or family members' names.
  - c. Names of visitors, including but not limited to caregivers, volunteers and business partners.
  - Any quotation or comment (made verbally, in writing, or video/audio recording) by the patient or visitor and/or concerning the patient or visitor.
  - e. Photos or video/audio of the patient or visitor that may be taken and reproduced for use.
- I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal
  privacy regulations, the information described above may be re-disclosed and no longer protected by the privacy regulations.
- I understand that neither the patient or visitor nor their personal representatives will be paid any publication (print/broadcast/web) and/or talent fees.
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or obtain a copy of any information used/disclosed under this authorization.
- 7. This authorization expires in twenty-five (25) years and remains effective from the date of submission/authorization unless revoked by me in writing. I understand that I may revoke this authorization at any time by delivering a copy of my revocation to Arkansas Children's Health Information Management department (501-364-1152) except to the extent that action has been taken in reliance on this authorization.

Patient's or Participant's Name (Please Print)		Date of Birth		
Signature of Patient or Representative		Date		
Print Name of Personal Representative		Relationship to Patient		
Email Address		Phone Number		
FOR SYSTEM USE ONLY. TEAM MEMBER MUST INCLUDE LOCATION, EVENT/STORY ASSOCIATED WITH IMAGE AND DESCRIPTION OF PHOTO SUBJECT'S CLOTHING.			k all that apply: Patient Caregiver Visitor Volunteer Team Member Team Member's Child	
Name of Responsible AC Team Member				Non-Patient Child (<18)