



Auxiliary

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!

A handwritten signature in black ink that reads "Mary-Margaret Marks".

Mary-Margaret Marks
Boy ACHiever Program Chair
501-240-2448

A handwritten signature in black ink that reads "Stacy Grobmyer".

Stacy Grobmyer
Girl ACHiever Program Chair
501-607-3192

A handwritten signature in blue ink that reads "Jessica Rivera-Hudson".

Jessica Rivera-Hudson
Arkansas Children's Foundation
501-364-1440

**The deposit fee is \$100.*

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: _____ CITY _____ ZIP _____

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 PARENTS): _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____ CITY _____ ZIP _____

BUSINESS (if business sponsoring): _____

BUSINESS ADDRESS: _____ CITY _____ ZIP _____

APPLICANT'S CURRENT ACTIVITIES/INTERESTS:

WHY ARE YOU INTERESTED IN THE ACH ACHIEVER PROGRAM? _____

APPLICATION MUST BE MAILED TO:

*ACHiever Program, Arkansas Children's Hospital,
1 Children's Way, Slot 661, Little Rock, AR 72202*

PAYMENT OPTIONS (CHECK ONE):

- ┌ My check for the total amount of \$1,200 is enclosed.
 - ┌ My check for the deposit of \$100 is enclosed. Invoice me remainder per payment schedule.
 - ┌ Scholarship Application
 - ┌ Please charge \$1,200 to my credit card.
 - ┌ Please charge \$100 to my credit card. Please invoice me remainder per payment schedule.
- Check one: VISA MasterCard American Express Discover

Name as it appears on credit card: _____

Credit Card #: _____ Expiration Date: _____

Please make checks payable to: Arkansas Children's Hospital Auxiliary

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.

