

Howley ASPIRE Program Application

Academic Year 2024-2025

Howley ASPIRE Program Application

The Howley ASPIRE Program is an enrichment program sponsored by Cleveland Clinic and the Howley Foundation, in collaboration with designated academic partners. This program is designed for high school junior students interested in pursuing a career in healthcare. The Howley ASPIRE Program focuses on providing students with career information and critical skill sets to support their matriculation through post-secondary education and beyond.

Applicants for the Howley ASPIRE Programs must meet basic program requirements and demonstrate financial need. All program participants must submit tuberculosis (TB) test results. We highly encourage all prospective participants to complete a TB test as soon as possible to expedite the onboarding process if admitted.

The **Howley ASPIRE Nurse Scholars Program** begins February 08, 2025.
The application deadline is **November 03, 2024**.

The **Howley ASPIRE Pathways Program** begins February 22, 2025.
The application deadline is **November 17, 2024**.

An in-person orientation for all students admitted to the Howley ASPIRE Program will take place on **Thursday, February 06, 2025 at Cleveland Clinic Main Campus**.

Applications that are incomplete, missing documentation, and/or received after the deadline will not be considered (includes program recommendations, and transcripts). The Howley ASPIRE Program reserves the right to request documentation at any time to verify program eligibility.

* Required

Program Selection

1. Please select the program for which you are applying. Participants may only apply to one program, however, if not admitted to their preferred program they may be eligible for other Cleveland Clinic programs. *

Nurse Scholars: Nursing

Pathways: Sterile Processing, Surgical Technology, and Respiratory Therapy

Financial Eligibility Requirement

The Howley ASPIRE Program is designed for students with demonstrated financial need. To qualify, you must be minimally eligible for the Federal Pell Grant. See income guidelines below.

Income Guidelines

Applicants for the Howley ASPIRE Program must demonstrate financial need and be **at least minimally eligible for the Federal Pell Grant**. Eligibility parameters for the Federal Pell Grant are provided below (see #2 and #3).

Students accepted into the program may be asked to provide additional documentation of financial need. Acceptable forms of documentation will be communicated upon acceptance.

2. Federal Pell Grant Eligibility Guide - See page 24 for minimum Federal Pell Grant Eligibility:

<https://fsapartners.ed.gov/sites/default/files/2024-01/20242025FAFSAPELLEligibilityandSAIGuide.pdf>

3. Refer to this chart for 2024 Federal Poverty Guidelines:

<https://aspe.hhs.gov/sites/default/files/documents/8aa67da24fa1e8cebfe5c144d9fe2532/detailed-guidelines-2024.xlsx>

4. Do you meet our financial eligibility criteria? *

Yes

No

5. Complete the Federal Student Aid Estimator linked below and enter your estimated federal student aid amount. *

<https://studentaid.gov/aid-estimator/estimate/student-information>

You are not eligible for the Howley ASPIRE Program.

Thank you for your interest in the Howley ASPIRE Program. While you're not eligible for our program, we want to connect you with other programs at Cleveland Clinic. A list of opportunities is provided below and we encourage you to take advantage of all that they have to offer. We wish you the best in all your healthcare endeavors.

- Cleveland Clinic RN Shadow Experience Application:

https://forms.office.com/pages/responsepage.aspx?id=WvZ_z9bODECYVvysWP856PNwhsjOlfXpjd8ZjpfYQVVUQjBGWDRMWDJVN0xUTFLUE5MRIRSWTdQV4u&origin=IprLink

- Cleveland Clinic Center for Youth and College Education:

<https://my.clevelandclinic.org/departments/education/center-for-youth-and-college-education>

- Cleveland Clinic Education Institute:

<https://my.clevelandclinic.org/departments/education/academic-opportunities>

Demographic Information

6. First Name *

7. Last Name *

8. Phone Number *

The value must be a number

9. Email Address *

10. Confirm Email Address *

11. Date of Birth *

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

The value must be a number

13. Gender assigned at birth *

Female

Male

14. What are your preferred pronouns?

15. Please indicate your ethnicity *

- Hispanic/LatinX
- Not Hispanic/LatinX

16. Please indicate your race *

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Something else

17. Please specify your race *

Contact Information

18. Home Address (house number, street name, apartment/unit number if applicable) *

19. City *

20. State *

21. Zip Code *

The value must be a number

22. Select the county in which you reside. *

- Cuyahoga
- Lake
- Lorain
- Summit
- Other

23. Emergency Contact Information
Emergency Contact Name *

24. Relationship to you *

25. Emergency Contact's Phone Number *

The value must be a number

26. Emergency Contact's Email Address

Academic and Community Engagement Information

27. Are you expected to graduate early? *

Yes

No

28. What honors, Advanced Placement, International Baccalaureate, or college courses have you taken or are you currently taking? List all that apply. *

29. What leadership experiences have you had? (Examples: officer of a school or community club/organization, member of a leadership team at church, temple, or mosque, employment, etc.) *

30. What experience do you have with community service or volunteer work. (Examples: volunteering at your church, mosque, or temple, picking up trash in the park, packing food boxes at the food bank, etc.) *

31. Tell us about the extracurricular activities in which you participate.
(Examples: sports, school or community clubs/organizations, such as Environmental Club, Art Club, theater/drama, marching band, dance team, etc.) *

32. Tell us what awards or certifications you've earned.
(Examples: STNA certification, CPR certification, Student of the Month, student leadership award, etc.) *

33. What healthcare experience do you have?
(For example, do you attend a technical school for a healthcare career? Have you participated in any healthcare camps or classes? Have you volunteered at a hospital or clinic?) *

34. Please provide your PreACT/ACT or PSAT/SAT score, if available.

35. How did you hear about the Howley ASPIRE Program? *

- Family member, friend, or current/former Howley ASPIRE Program participant
- At my school: School presentation, school counselor or teacher, etc.
- The Howley ASPIRE Program website
- I participated in a Howley ASPIRE Program Boot Camp
- Other

36. Name of person who told you about the Howley ASPIRE Program. *

School Information

37. High School *

38. What is your CURRENT grade level? *

- Freshman
- Sophomore
- Junior
- Senior
- Other

39. First and last name of your school guidance counselor *

40. Email address of your school guidance counselor *

41. Confirm the email address of your school guidance counselor *

Recommendations

Three recommendations are required:

- One recommendation **must** be from a **math or science teacher**.
- Two additional recommendations must be provided by a **non-family members** who can speak to the strengths of your character (for example, a coach, teacher, faith leader, counselor, community leader, volunteer coordinator, etc.).
- These are a required element of your application.

Provide the names **and** email addresses of the three individuals that will provide your recommendations below. Our team will contact your references to complete the recommendation process.

Before providing the contact information, please be sure the individuals are aware, and willing to provide a positive recommendation that highlights your strengths.

42. Recommendation #1

First and last name of **math or science teacher** to complete recommendation #1. *

43. Email address of **math or science teacher** to complete recommendation #1. *

44. Confirm email address of **math or science teacher** to complete recommendation #1. *

45. Recommender #1 relationship to you *

- Math Teacher
- Science Teacher

46. Recommendation #2

First and last name of person to complete recommendation #2. *

47. Email address of person to complete recommendation #2. *

48. Confirm email address of person to complete recommendation #2. *

49. Recommender #2 relationship to you *

- Coach
- Faith Leader
- Community Leader or Volunteer Coordinator
- School Counselor
- Teacher
- Other

50. Recommendation #3

First and last name of person to complete recommendation #3. *

51. Email address of person to complete recommendation #3. *

52. Confirm email address of person to complete recommendation #3. *

53. Recommender #3 relationship to you *

- Coach
- Faith Leader
- Community Leader or Volunteer Coordinator
- School Counselor
- Teacher
- Other

Essays

All applicants are required to submit three essays with their application to be considered for participation in the program. 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. Remember to provide as much detail as possible when answering questions.

**Note that essays are not confidential and will be shared amongst all Howley ASPIRE Program selection committee members.*

Minimum of 250 words per question

54. Essay #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? *

55. Essay #2: What interests you about having a career in healthcare?

How will this program help you reach your personal and professional goals?

What sets you apart from other applicants? *

56. Essay #3: Tell us about a challenge or obstacle in your life and how you overcame it?

Or, what's the hardest thing you've ever done and what did you learn? *

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