Dear Parent/Teacher:

It gives us great pleasure to inform you of a program at Arkansas Children’s Hospital. In its 16th year, the Star ACHiever program was developed specifically for girls who are entering the 9th grade in the fall of 2018. This program is sponsored by the hospital’s Auxiliary, a group of volunteers who work to raise money and awareness for ACH.

We believe that this program is beneficial in exposing the girls to Arkansas Children's Hospital, introducing them to a variety of wonderful medical careers, and encouraging the importance of philanthropy. Star ACHiever participants may earn community service hours working in non-patient care areas.

Throughout the year, we have at least six educational sessions, six ACH community service projects, and a Parent/Daughter event. Our first educational session is an orientation, with a parent, in September. Educational sessions will take place on the second Monday of each month from 5:30 – 7:00 pm. In past years, educational sessions have included tours of Angel One Transport Department, Heart Center, Neonatal Intensive Care Unit, PULSE Center (Education Simulation Center), Child Maltreatment department and Speech, Audiology and Rehabilitation department. We conclude the program in April with a graduation dinner where Star ACHievers and their parents dine for a farewell celebration.

Please share this information with your daughter. If she decides to make a commitment to the Star ACHiever program, we ask that you mail the enclosed application with a tax deductible deposit*. If space is not available when your daughter’s application is received, your deposit will be returned promptly. The class fills up quickly and participation is limited.

We are very pleased, thanks to the generosity of local businesses and individuals, to provide a limited number of scholarships based on the financial need of the applicant. Please see the enclosed additional criteria for earning a scholarship. If you would like to apply for a scholarship we ask that you mail the enclosed scholarship application and a letter identifying financial need from you and your parent postmarked by May 30, 2018. Acceptance for a scholarship will be based on the application and letter of recommendation with supporting documentation.

Once your daughter has been accepted as a Star ACHiever, 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 at 501-364-4235.

Thank you,
Jamie Brainard
Director of Auxiliary Services

*Your gift is tax deductible to the fullest extent allowable by law.
Arkansas Children’s Hospital Star ACHiever Program
Application 2018-2019

**Please enclose a photo that will be used for identification purposes only

NAME OF APPLICANT:______________________________________________________________

AGE_____ GRADE_____ SCHOOL ATTENDING FALL 2018:________________________________

HOME ADDRESS: _________________________________________________________________
CITY________________ ZIP_________

PHONE: __________________ APPLICANT’S E-MAIL: __________________________________

PARENT/S NAME:_______________________________________________________________

ADDRESS:_______________________________________________________________

HOME PHONE:__________________________CELL PHONE: _____________________________

PARENT’S EMAIL ADDRESS_____________________________________________________

SPONSOR NAME (IF OTHER THAN PARENTS):________________________________________

RELATIONSHIP TO APPLICANT:___________________________________________________

ADDRESS:_______________________________________________________________

BUSINESS:_______________________________________________________________

BUSINESS ADDRESS:_________________________________________________________

APPLICANT’S CURRENT ACTIVITIES/INTERESTS:
______________________________________________________________

______________________________________________________________

WHY ARE YOU INTERESTED IN THE ACH STAR ACHIEVER PROGRAM? _________________

______________________________________________________________

______________________________________________________________

APPLICATION MUST BE MAILED TO:

Star ACHiever Program, Arkansas Children’s Hospital, 
1 Children’s Way, Slot 661, Little Rock, AR 72202

PARTICIPATION IS LIMITED. APPLICANTS ARE ACCEPTED IN THE ORDER IN WHICH APPLICATIONS WITH DEPOSITS ARE RECEIVED. IF CLASS IS FULL, DEPOSITS WILL BE RETURNED.

PAYMENT OPTIONS (CHECK ONE):

☐ My check for the total amount of $1,200 is enclosed.

☐ My check for the deposit of $200 is enclosed. Bill me remainder per payment schedule.

☐ Please charge $1,200 to my credit card.

☐ Please charge $200 to my credit card. Please bill me remainder per payment schedule.

Check one:  ☐ VISA      ☐ MasterCard      ☐ American Express      ☐ Discover

Name as it appears on credit card: _______________________________________________

Credit Card #: _______________________________________________________________
Expiration Date: ______________________
The participation fee for the ACH Star ACHiever program is $1,200 and includes all of the activities, plus three tickets to the April 2018 graduation dinner to honor participants. 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: $200
- Due July 30: $200
- Due August 30: $200
- Due September 30: $200
- Due October 30: $200
- Due November 30: $200

The above payment schedule may be followed or total payment may be made at any time. This is a tax-deductible contribution to Arkansas Children’s Hospital, the only pediatric hospital in Arkansas. 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.

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 projects.

SCHOLARSHIP APPLICATION FORMS ARE DUE BY May 30, 2018

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. School counselor must certify that applicant maintains a grade average of B or better.
4. School counselor or current teacher must write a letter of recommendation on the school’s official letterhead. Letter must be attached to scholarship application form.
5. Student must submit essay of no more than 100 words indicating why participation in the program is important to the student.
6. Scholarship finalists will be required to participate in an interview with the selection committee.

If your daughter is interested in participating and she meets the above criteria, please complete the enclosed scholarship application and attach it, along with supporting documentation, before mailing. No deposit is necessary.
Arkansas Children’s Hospital Star ACHiever Program
Scholarship Application

NAME OF APPLICANT: ____________________________________________________________

AGE: _______ GRADE: _______

SCHOOL ATTENDING FALL 2018: __________________________________________________

HOME ADDRESS: _____________________________________ CITY ________________ ZIP ___________

APPLICANT’S PHONE: ___________ APPLICANT’S E-MAIL ____________________________

PARENT/S NAME: _______________________________________________________________

ADDRESS: _______________________________________________________________________

PARENT’S CONTACT PHONE: ___________ PARENT’S E-MAIL ___________________________

CURRENT ACTIVITIES: ____________________________________________________________

________________________________________________________________________________

SPECIAL INTERESTS: ______________________________________________________________

________________________________________________________________________________

ADDITIONAL COMMENTS: _______________________________________________________________________

MAIL TO:
Star ACHiever Program, Arkansas Children’s Hospital,
1 Children’s Way, Slot 661, Little Rock, AR 72202.

NO HAND DELIVERIES. SCHOLARSHIPS ARE LIMITED. NO DEPOSIT NECESSARY.

APPLICATIONS FOR SCHOLARSHIP WILL ONLY BE CONSIDERED WITH THE FOLLOWING
DOCUMENTATION COMPLETED AND ENCLOSED:

☐ I have completed and enclosed the front and back of this scholarship application.
☐ I have attached my essay.
☐ I have attached my letter of recommendation.
☐ I have included a photo for identification purposes.
☐ I have included a letter identifying financial need and my parent has signed the letter as well.
2018-2019 STAR ACHIEVER SCHOLARSHIP APPLICATION

PLEASE COMPLETE THIS FORM AND ATTACH TO YOUR APPLICATION!

Name ______________________________________________________________

☐ Yes, I am interested in applying for a scholarship for the Star ACHiever program at ACH.

☐ I meet the following criteria:

☐ I will be entering the ninth grade in the fall 2018.

☐ Without a scholarship, I will not be able to participate in the program. I have included a letter explaining my financial need and my parent has signed the letter as well.

☐ My grade point average is certified by my counselor below.

☐ I have attached a letter of reference, from my counselor or a current teacher on official school letterhead.

☐ I have attached an essay of no more than 100 words indicating why participation in the program is important to me.

☐ If selected as a finalist, I am willing to participate in an interview with the selection committee.

COUNSELOR OR CURRENT TEACHER CERTIFICATION

☐ I certify that the above-named student will be entering the ninth grade in the fall and maintains a grade average of B or better.

☐ In my opinion, without a scholarship, this student will be unable to participate in the program.

____________________________________________________________

Signature of Counselor or Teacher

_________________________________________________    ________________________________

Printed Name    Phone Number

____________________________________________________________

Date    School

Phone Number
PHOTO / MEDIA RELEASE

AUTHORIZATION TO RELEASE HEALTH INFORMATION

ALL ELEMENTS ARE REQUIRED PRIOR TO INFORMATION BEING RELEASED

I authorize the use/disclosure of my protected health information as described below:

1. **Who is authorized to use/disclose information:** Arkansas Children's Hospital and Arkansas Children's Inc.

2. **Who is authorized to receive the information:** The public by way of publication including, but not limited to, ACH websites, ACH sponsored social media sites (Facebook, Twitter, YouTube, etc.), the internet, newspapers, television and/or radio broadcasts, books, brochures, magazines, motion picture film or video, photographic displays and scholastic/academic purposes. This may include use by other organizations ACH may affiliate with on specific projects; however, information released will only be used after ACH grants specific written authorization to use.

3. **The specific information to be requested or released:**
   a. Patient's name and medical case story.
   b. Any quotation or comment (made verbally, in writing, or video/audio recording) by the patient and/or concerning the patient.
   c. Photos or video/audio of the patient that may be taken and reproduced for use.

4. 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.

5. I understand that neither the patient nor his or her personal representative will be paid any publication (print/broadcast/web) and/or talent fees.

6. 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 Hospital Marketing & Communications department except to the extent that action has been taken in reliance on this authorization.

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Patient's Name (Please Print)   Medical Record #   Date of Birth

Signature of Patient or Representative   Date

Print Name of Personal Representative   Relationship to Patient

Send Original to Arkansas Children's Marketing & Comm, Slot 055   Revised on 06/20/17   Dan McFadden, APR

FOR HOSPITAL USE ONLY – LOCATION & PURPOSE
Quotes from Past Star ACHievers

Star ACHievers has been a wonderful experience that has helped develop my passion for helping people. In particular, I loved visiting the neonatology unit; that visit is the reason that I have decided that I want a career in the medical field.

~Katherine Edwards

Being an ACH Star ACHiever this year has impacted my life in many ways. The program has showed me so many things about the care and love that they give to all of the children at Arkansas Children’s Hospital. This program has taught me so much about different careers in the medical field and has made me want to pursue a career in medicine. It has forever changed my perspective on life. I have really enjoyed being a Star Achiever this year not only for what I have learned, but also for the chance to help ACH and getting the opportunity to know girls from all over the area.

~Gracie Cahalan

The Star ACHievers program has personally impacted me by inspiring me to pursue nursing as a career. From a young age I have been intrigued in nursing and human services and through this program, I have learned of many different and diverse occupations that incorporate both sides of business. Star Achievers has motivated me to further explore these occupations and continue to push myself towards the goals that I wish to meet as I grow up. I have made new connections, friends, and realizations through this program, and I will be eternally grateful for this opportunity.

~Serena Hanson

Star ACHievers has showed me that even small volunteer opportunities can make a difference. Even when we were just making holiday cards, I knew that card could put a smile on a patients face. It has also opened my eyes to different medical professions that I am now interested in. I really enjoyed touring the NICU, and learning about Doctors Assistants. Most importantly, Star Achievers has motivated me to volunteer in my community, even if it's something small.

~Bailey White