



Auxiliary

Dear Parent/Teacher:

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

The ACHiever program, founded to allow ninth grade students a unique opportunity to network directly with medical professionals and their peers and to raise funds and awareness for ACH, has been ongoing in the community over two decades.

We believe 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 the educational program attendance, ACHiever participants may earn additional service hours working in non-patient care areas— up to 40+ hours.

The sessions occur monthly from October to April with a variety of community service opportunities offered through the seven-month program. Educational sessions will take place one Monday of each month from 5:30 – 6:45 pm. Educational sessions may include presentations or tours of departments and units like the Angel One Transport Department, David M. Clark Center for Safe and Healthy Children, Injury Prevention, Arkansas Children's Heart Institute, 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 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 student as an ACHiever!

A handwritten signature in brown ink that reads "Bess Grobmyer".

Bess Grobmyer
Boy ACHiever Program Chair
501-786-8787

A handwritten signature in brown ink that reads "Holly-Beth Willis".

Holly-Beth Willis
Girl ACHiever Program Chair
501-590-5935

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

Jessica Rivera-Hudson
Arkansas Children's Foundation
RiveraJL@archildrens.org
(501) 364-1440

**The deposit fee is \$200.*

Participant Volunteer Hours

We encourage each ACHiever to complete at least 15 volunteer hours through the ACHiever Program. Hours are earned by attending educational sessions and participating in volunteer opportunities throughout the year. The ACHiever Program provides the opportunity to earn 40+ volunteer hours.

Program Includes:

- Educational sessions and tours
- T-shirt, notebook and welcome packet
- ‘Stop the Bleed’ certification course training
- CPR certification course
- Exclusive ACHiever participant volunteer opportunities
- 1 complimentary ACH Auxiliary membership for parent or guardian
- Graduation dinner and ceremony with tickets for 2 guests and a gift
- Graduates announced in a local publication

Scholarship Information and Application

Students may be sponsored by a parent, relative, friend, business or civic organization. All participant fees support the 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 without a scholarship due to the program fee.
3. Applicate must submit an essay of no more than 100 words explaining why participation in the program is important to him/her. The essay must be signed by a parent/caregiver or school counselor.

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

2025-2026 Pledge Schedule

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

Due with application \$200
Invoiced monthly beginning October 2026 \$200

Balance is due by April 20, 2026 and can be paid in full at any time.
Balance must be paid in full for student to participate in graduation*

The above payment schedule may be followed, total payment may be made at any time or we can work with you to create a payment schedule that works best for you.

*We accept personal or business checks, cash, VISA, MasterCard, American Express and Discover.
Checks may be mailed to the address noted in the payment section.*

2025-2026 ACHiever Program Application

PROGRAM APPLYING TO: BOY/GIRL (please circle)

APPLICANT NAME: _____ AGE: _____

SCHOOL ATTENDING FALL 2025: _____ T-SHIRT SIZE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

APPLICANT PHONE: _____ APPLICANT E-MAIL: _____

PARENTS NAME/S: _____ CELL PHONE: _____

_____ CELL PHONE: _____

MAILING ADDRESS (if different from above): _____

PARENT 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 IS THE APPLICANT 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 \$200 is enclosed. Invoice me remainder per payment schedule.
☐ Scholarship application
☐ Please charge \$1,200 to my credit card.
☐ Please charge \$200 to my credit card. Please invoice the remainder per payment schedule.
Check one: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name as it appears on credit card: _____

Credit Card #: _____ Expiration Date: ____/____ CVV: ____

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