



# Health Science Academy

## APPLICATION PROCEDURES

- + Complete Section I (Applicant Information)**
- + Complete Section II (Applicant Essay – no more than one page)**
- + Complete Section III (Applicant Parent/Guardian Information)**
- + Complete Section IV (Applicant and Parent/Guardian Electronic Signature)**
  
- + Submit Sections I through IV to your Student Services/Career Center by March 1<sup>st</sup>**

### Obtain 3 Recommendations:

- + Cannot be from a relative or a personal friend**
- + Must be from an adult**
- + One must be from someone within your school**
- + One must be from someone outside of your school**
- + Your choice but must be a non-relative adult**
- + Have recommendations sent directly to your Student Services/Career Center by March 1<sup>st</sup>**

**Check with your Counselor before March 1<sup>st</sup> to make sure your application is complete and that all three recommendations have been received. Your Counselor will then submit your application to the Health Science Academy.**

# STUDENT APPLICATION *for* Health Science Academy



## I. BACKGROUND INFORMATION *(to be completed by the applicant)*

Applicant Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle Initial Month Day Year

Address \_\_\_\_\_  
Rural Route or Post Office Box City State Zip

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Area Code Number

High School Applicant Attends \_\_\_\_\_

High School Graduation Year \_\_\_\_\_ Cum. GPA \_\_\_\_\_

Counselor's Name \_\_\_\_\_

*Please list the following information to assist us in evaluating your application for the Health Science Academy. If additional space is needed, please use the back.*

### A. Career Goals

What Career(s) are you currently interested ?

Which of the following best indicates your career goals at this time (we know that goals can change).

\_\_\_\_\_ I plan to enter the workforce immediately after graduation from high school.

\_\_\_\_\_ I plan to enter the military immediately after graduation from high school.

\_\_\_\_\_ I plan to obtain a degree from a two-year technical college immediately after high school.

\_\_\_\_\_ I plan to pursue a bachelor's degree from a university immediately after high school.

\_\_\_\_\_ I am undecided at this time whether or not I will pursue additional education after high school.

### B. Volunteer or Community Service Activities

\_\_\_\_\_  
Organization or Type of Activity Date

\_\_\_\_\_  
Organization or Type of Activity Date

\_\_\_\_\_  
Organization or Type of Activity Date

### C. Work Experiences

\_\_\_\_\_  
Activity or Employer Date

\_\_\_\_\_  
Activity or Employer Date

### D. Extra-Curricular Activities

\_\_\_\_\_

\_\_\_\_\_

## II. APPLICANT ESSAY

*In the space below, please explain why you are applying to the Health Science Academy and why you think you should be selected.*

**III. PARENT/GUARDIAN INFORMATION** *(to be completed by the applicant's parent/guardian)*

Parent/Guardian's Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Rural Route or Post Office Box City State Zip

Home Phone Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

*Please explain why your child would be a good candidate for the Health Science Academy and how you are willing to support your child's involvement in the program.*

\_\_\_\_\_

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**IV. CERTIFICATION**

*Please sign and date this application. Your typewritten name serves as your signature for certification.*

*"I certify that the facts contained in this application are true and complete to the best of my knowledge and that this applicant has not been adjudged delinquent for behavior that would constitute a violation of criminal law in an adult court."*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO YOUR STUDENT SERVICES/CAREER CENTER BY MARCH 1ST**

# RECOMMENDATION



Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Personal Work Habits <small>(How person approaches daily obligations.)</small>	5 Excellent	4 Above Average	3 Average	2 Below Average	1 Poor
Takes Responsibility					
Displays Positive Attitude					
Shows Initiative					
Reliability					
Organizational Skills					
Ability to be Flexible					
Communication Skills <small>(written, verbal, listening)</small>					
Ability to Work Independently					
Ability to Handle Rigorous Curriculum					

*Please provide any additional explanation of the ratings above.*

*Please comment on why you feel this applicant would be a successful student in the Health Science Academy.*

\_\_\_\_\_  
**Name of Evaluator (please print)**      **Title**

\_\_\_\_\_  
**How do you know this Candidate**      **Daytime Phone**

\_\_\_\_\_  
**Signature (Typewritten)**      **Date**

**(Completion of this serves as your electronic signature)**

**RETURN THIS FORM TO:**

Student Services  
 Department/Career Center  
 at Applicant's Home  
 School



# RECOMMENDATION

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_



Personal Work Habits <small>(How person approaches daily obligations.)</small>	5 Excellent	4 Above Average	3 Average	2 Below Average	1 Poor
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Organizational Skills					
Ability to be Flexible					
Communication Skills <small>(written, verbal, listening)</small>					
Ability to Work Independently					
Ability to Handle Rigorous Curriculum					

*Please provide any additional explanation of the ratings above.*

*Please comment on why you feel this applicant would be a successful student in the Health Science Academy.*

\_\_\_\_\_  
Name of Evaluator (please print) Title

\_\_\_\_\_  
How do you know this Candidate Daytime Phone

\_\_\_\_\_  
Signature (Typewritten) Date

**(Completion of this serves as your electronic signature)**

**RETURN THIS FORM TO:**

Student Services  
Department/Career Center  
At Applicant's Home  
School

# RECOMMENDATION



Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Personal Work Habits <small>(How person approaches daily obligations.)</small>	5 Excellent	4 Above Average	3 Average	2 Below Average	1 Poor
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*Please provide any additional explanation of the ratings above.*

*Please comment on why you feel this applicant would be a successful student in the Health Science Academy.*

\_\_\_\_\_  
Name of Evaluator (please print)      Title

\_\_\_\_\_  
How do you know this Candidate      Daytime Phone

\_\_\_\_\_  
Signature (Typewritten)      Date

**(Completion of this serves as your electronic signature)**

**RETURN THIS FORM TO:**

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School