



Health Science Academy

Application Procedures

- **Complete Section I on the application**
- **Submit a typewritten essay for Section II**
- **Have parent/guardian complete Section III**
 - **Obtain signatures for Section IV**

- **Include 3 recommendation forms:**
 - One from someone within school
 - One from someone outside of school
 - One from your choice (an adult who is not a relative)

- **Submit completed application to your school's Student Services-Career Center by March 1**

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

Graduation Year _____ Cum. GPA _____ Counselor's Name _____

Do you currently have a valid driver's license? _____yes _____no

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

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

- I plan to go right into the workforce 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

C. Work Experiences, Special Training Programs, and Related Educational Coursework

_____	_____
Activity or Employer	Date
_____	_____
Activity or Employer	Date

D. Responsibilities or obligations after normal school hours *(i.e., extra-curricular activities, work, family/child care, community activities, etc).*

_____	_____
Responsibility	Date
_____	_____
Responsibility	Date

II. APPLICANT ESSAY

On a separate piece of paper, please explain why you are applying for the health science academy and why you think you should be selected. Do not exceed one typewritten page.

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 _____

Name of Person with Whom Applicant Resides _____

Address (if different from above) _____
Rural Route or Post Office Box City State Zip

Why would your child be a good candidate for Health Science Academy and how are you willing to support your child's involvement in the program? (use a separate piece of paper if necessary)

IV. CERTIFICATION

Please sign and date this application.

"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 _____

Referred by current Health Science Academy student _____
Student Name

**RETURN THIS FORM TO YOUR GUIDANCE COUNSELOR – CAREER CENTER
BY MARCH 1**

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 make any other comments that will indicate your estimation of this student's potential success as a Health Science Academy student.

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

Relationship to candidate **Daytime Phone**

Signature **Date**

RETURN THIS FORM TO:

Mr. Troy McDonald
Director of HSA
Central High School
1801 Losey Boulevard South
La Crosse, WI 54601

RECOMMENDATION

Student Name: _____

School: _____ Year of Graduation: _____



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Reliability					
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