



Health Science Academy

APPLICATION PROCEDURES

ELIGIBILITY

Sophomore in Good Standing (Minimum of 2.5 GPA)

Evidence of full COVID-19 vaccination by May 1

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 (Completed by May 1st if accepted in
program)**

**Complete Section V (Applicant and Parent/Guardian Electronic
Signature)**

**Submit Sections I through V to your Student Services/Career Center
by March 1st**

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 1st**

**Check with your Counselor before March 1st 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.

IV. ELIGIBILITY

Applicants must be sophomores in good standing in their schools with a minimum of a 2.5 Grade Point Average.

Applicants must also be able to provide evidence of full COVID-19 vaccination in order to be able to participate in any field experiences, job shadows, mentorships, etc. as per partnership hospital guidelines. Evidence is due by May 1 of application year.

V. 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

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School: _____ Year of Graduation: _____



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