



**HAMBURG HIGH SCHOOL
ACADEMY OF FINANCE**

#BeFutureReady with @Hamburg AOF!

AOF APPLICATION DIRECTIONS

- 1) Thank you for your interest in the NAF Academy of Finance program! To learn more about the program and curriculum, please review the HHS course offering booklet, visit the Business Department web-site, talk to your counselor or any business department teacher.
- 2) Fill out the Hamburg Academy of Finance Application and turn in your completed application to any business teacher in room 264, 266 or to Mrs. Lawrence in the LMC by the due date indicated.
- 3) Distribute two teacher recommendation forms to teachers of your choice. Be sure to request that teachers return the forms to Mrs. Lawrence's mailbox by the due date indicated.
- 4) Upon receipt of your application, you will receive a letter in the mail indicating an interview date and time. Please dress professionally.
- 5) Please e-mail Mrs. Lawrence at klawrence@hcsdk12.org if you have any questions. We look forward to meeting you in the interview!

IMPORTANT DATES

March 27, 2020 Application and teacher recommendations due to Business Department

Spring Interviews

Spring Academy selections announced



HAMBURG HIGH SCHOOL
**BE FUTURE
 READY**
 ACADEMY OF FINANCE

**HAMBURG HIGH SCHOOL
 ACADEMY OF FINANCE
 2020 STUDENT APPLICATION**

*Completed applications are due to the Business Department by March 27, 2020
No late applications will be accepted.*

TYPE OR PRINT NEATLY

(LAST NAME)

(FIRST)

(FULL HOME ADDRESS INCLUDING CITY & ZIP)

(TELEPHONE NUMBER)

(COUNSELOR)

Only 9th graders are eligible to apply

(GRADE)

1. PREVIOUS WORK EXPERIENCE/VOLUNTEER EXPERIENCE (Including yard work, babysitting/formal or informal):

2. LIST CLUB MEMBERSHIPS, SPORTS AND EXTRA-CURRICULAR ACTIVITIES:

3. LIST ANY ENRICHED OR HONORS COURSES YOU HAVE TAKEN:

4. BUSINESS COURSES YOU HAVE ALREADY TAKEN OR ARE CURRENTLY TAKING: _____

5. WHAT IS YOUR APPROXIMATE OVERALL GRADE POINT AVERAGE? _____

6. HOW MANY DAYS HAVE YOU BEEN ABSENT THIS YEAR?

- 0-2 DAYS 3-5 DAYS 6-10 DAYS 11+ DAYS

IF MORE THAN 5, BRIEFLY EXPLAIN WHY _____

7. IN ADDITION TO COMPLETING THIS APPLICATION, **YOU MUST HAVE TWO TEACHERS COMPLETE THE ATTACHED
 TEACHER RECOMMENDATION FORMS.** PLEASE LIST THE TWO TEACHERS WHO WILL BE COMPLETING
 RECOMMENDATION FORMS ON YOUR BEHALF:

TEACHER #1: _____ TEACHER #2: _____

NARRATIVES

PLEASE ANSWER EACH QUESTION IN ABOUT 250 WORDS OR LESS. YOU MAY USE THIS FORM OR ATTACH A SEPARATE SHEET.

1. Please share why you want to become a member of the Hamburg Academy of Finance program.
2. Aside from learning about money, what skills do you hope to gain from your inclusion in the AOF program? Explain.
3. If chosen, what do you feel you can contribute to the Academy as a member? Explain.
4. What is one activity that you have been involved with and what did you learn from that experience? (Work, volunteer, clubs, extra-curricular activities)

I REALIZE THAT ANY FALSE OR MISLEADING STATEMENTS MADE ON THIS APPLICATION WILL EXCLUDE ME FROM FURTHER CONSIDERATION FOR THE PROGRAM. THE CULMINATING EXPERIENCE IN THE ACADEMY OF FINANCE PROGRAM IS TO PARTICIPATE IN AN INTERNSHIP IN THE JUNIOR/SENIOR YEAR. THE CURRICULUM FOR THE AOF PROGRAM HAS BEEN DESIGNED IN PREPARATION FOR THIS. THEREFORE, I UNDERSTAND THAT IF I AM ACCEPTED INTO THE ACADEMY OF FINANCE, I WILL BE COMMITTED TO COMPLETING ALL OF THE NECESSARY ACADEMY COURSES AND TO PARTICIPATE IN ALL REQUIRED ACTIVITIES, INCLUDING WORKSHOPS, SHADOWS AND INTERNSHIPS. I AM AWARE THAT THERE IS A SELECTION PROCESS AND APPLYING DOES NOT GUARANTEE ADMITTANCE. AN INTERVIEW MAY BE REQUIRED AS PART OF THE SELECTION PROCESS. MY ACCEPTANCE FURTHER COMMITS ME TO THE PROGRAM FROM SOPHOMORE TO SENIOR YEAR.

(Signature of Applicant)

(Date)

I HAVE READ THIS APPLICATION AND APPROVE OF MY CHILD'S PARTICIPATION IN THE HAMBURG ACADEMY OF FINANCE 3-YEAR PROGRAM IF HE/SHE IS SELECTED. I AM AWARE THAT THERE IS A SELECTION PROCESS AND APPLICATION DOES NOT GUARANTEE ADMITTANCE.

(Signature of Parent)

(Date)



**HAMBURG CENTRAL SCHOOLS
ACADEMY OF FINANCE
TEACHER RECOMMENDATION**



STUDENT TO COMPLETE

(STUDENT LAST NAME)

(STUDENT FIRST NAME)

(TEACHER'S NAME)

(CLASS SUBJECT)

THE ABOVE STUDENT IS APPLYING FOR THE ACADEMY OF FINANCE PROGRAM.
PLEASE COMPLETE AND RETURN THIS EVALUATION TO MRS. LAWRENCE'S MAILBOX BY
MARCH 27, 2020

CONFIDENTIAL

	5 PTS	4 PTS	3 PTS	2 PTS
PLEASE CHECK ONE	EXCELLENT	GOOD	FAIR	POOR
1. ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PUNCTUAL ARRIVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. COMPLETION OF HOMEWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CHARACTER (HONESTY, ATTITUDE, BEHAVIOR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. CLASS PARTICIPATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. RELATIONSHIP WITH PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. DRESS/APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ABILITY TO COMMUNICATE VERBALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER COMMENTS:

(Signature of Teacher)

(Date)

(FOR OFFICE USE ONLY) _____/50 POINTS



**HAMBURG CENTRAL SCHOOLS
ACADEMY OF FINANCE
TEACHER RECOMMENDATION**



STUDENT TO COMPLETE

(STUDENT LAST NAME)

(STUDENT FIRST NAME)

(TEACHER'S NAME)

(CLASS SUBJECT)

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OTHER COMMENTS:

(Signature of Teacher)

(Date)

(FOR OFFICE USE ONLY) _____/50 POINTS