

HEALTH SCIENCE ACADEMY APPLICATION HAMBURG HIGH SCHOOL

DIRECTIONS

1. Please review all curriculum and Health Science Academy requirements before completing the application. Information can be found in the school course offering booklet, the academy website (www.hamburgschools.org) or your school counselor.
2. Return the completed application to Mrs. Couzens in room 218 by the due date.
3. Distribute teacher recommendation forms to two teachers.
 - One must be a high school science teacher
 - The second one can be any high school teacher, middle school teacher, or a school counselor
 - Ask teachers to return recommendations to Mrs. Couzens in room 218 by the due date.
4. Upon receipt of your application and teacher recommendations, you will be scheduled to participate in an interview. It is expected that you dress professionally and be prepared to answer a few questions about yourself and your future goals.
5. Please be aware that you will be asked to produce a writing sample at the time of your interview that includes your career goals and why you want to be part of the academy.

IMPORTANT DATES

Friday March 29, 2019 Application and teacher recommendations due to Mrs. Couzens

Late April Interviews

May Academy selections announced

STUDENT INFORMATION_p

| | | | |
|--|---------------|---------------|-------------|
| NAME | PER. 1 ROOM # | | |
| ADDRESS (include town and zip code) | | | |
| HOME PHONE | CELL PHONE | SCHOOL E-MAIL | HOME E-MAIL |

PARENT/GUARDIAN INFORMATION

| | | | |
|------------|------------|--------|--|
| NAME | | | |
| WORK PHONE | CELL PHONE | E-MAIL | |

ACTIVITIES, SPORTS & COMMUNITY

| | |
|----------------------------|--|
| Within Hamburg High School | Within community (scouting, dance, church, etc.) |
| | |

Teacher Recommendations - List people you asked to complete a recommendation

| Teacher Name | Room/Building |
|--------------|---------------|
| 1. | |
| 2. | |

AGREEMENT & SIGNATURES — By submitting this application, both the applicant and parent/guardian understand that the Academy is a three year curriculum and the applicant is expected to complete the program upon acceptance. I understand that the academy courses take precedence over other electives in the student schedule. I affirm that the information set forth herein is true and accurate.

| | | |
|---------------------------|--|------|
| Student Signature | | Date |
| Parent/Guardian Signature | | Date |

TEACHER RECOMMENDATION HEALTH SCIENCE ACADEMY

| | |
|--|--|
| Student Name (Please Print) | |
| Teacher Name (Please Print) Subject Taught Location | |

● **Teachers please return completed form to Mrs. Couzens' mailbox by the due date.**

Compared to other students you are teaching this school year, please place a check mark to rate this student in the following categories:

| | Excellent | Good | Fair | Poor |
|-------------------------|-----------|------|------|------|
| Attitude | | | | |
| Academic Promise | | | | |
| Creativity | | | | |
| Participation | | | | |
| Self- Motivation | | | | |
| Flexibility | | | | |
| Working with others | | | | |
| Personal Responsibility | | | | |
| Integrity | | | | |
| Caring and Compassion | | | | |
| Attendance | | | | |
| Following Directions | | | | |
| Completing Assignments | | | | |

OVERALL RECOMMENDATION:

Highly Recommend
 Recommend
 Recommend With Reservations

Optional Comments

| | | |
|-------------------|------|--|
| Teacher Signature | Date | <input type="checkbox"/> Please check if you cannot provide a recommendation for this student. |
|-------------------|------|--|

TEACHER RECOMMENDATION

HEALTH SCIENCE ACADEMY

| | |
|--|--|
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