



# 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](http://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 for an interview. Please be aware that you will be asked to produce a writing sample at the time of your interview.
5. At the interview it will be expected that you dress professionally, and be prepared to provide a writing sample that includes your career goals and why you want to be part of the academy.

## IMPORTANT DATES

Friday, February 29 <sup>th</sup>	Application and teacher recommendations due to Mrs. Couzens
March 16 – 18, 2020	Interviews
April 20, 2020	Academy selections announced

## STUDENT INFORMATION <sub>p</sub>

NAME		Homeroom #	
FULL ADDRESS (including town and zip)			
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

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
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Teacher Signature	Date	___ Please check if you cannot provide a recommendation for this student.
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TEACHER RECOMMENDATION  
HEALTH SCIENCE ACADEMY

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