

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](#), your school counselor, or an academy teacher.
2. Submit the completed application to Mrs. Couzens (scouzens@hcsdk12.org) by Friday, March 4, 2022.
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 (scouzens@hcsdk12.org) by Friday March 4, 2022. Email each person and politely ask them to complete this link: [HSA Teacher Recommendation](#)
4. Depending upon Covid protocols, either an in-person or online interview will be scheduled after your application and two teacher recommendations are turned in. A letter will be sent home with the type, date and time of your interview. It is expected that you dress professionally for the interview.

IMPORTANT DATES

Friday March 4, 2022- Application

Friday March 4, 2022 - Teacher recommendations due to Mrs. Couzens

March 14- 18 - Interviews

April 1 - Academy selections announced

STUDENT INFORMATION

NAME			PER. 1 ROOM #
COMPLETE ADDRESS			
HOME PHONE	CELL PHONE	SCHOOL EMAIL	HOME EMAIL

PARENT/GUARDIAN INFORMATION

NAME		
WORK PHONE	CELL PHONE	E-MAIL

ACTIVITIES, SPORTS & COMMUNITY – You may attach another sheet if you need more space

Hamburg High School	Community (scouting, dance, church, etc.)
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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