



## APPLICATION FOR THE HEALTH CAREERS ACADEMY

Palmdale High School

10th Grade -- Academic Year: 2023-2024

### DIRECTIONS:

1. Make a copy of this doc in your Google Drive. (Click on **File**, click on **Make a Copy**)
2. Type up your answers nice and neatly.
3. PRINT, SIGN, and RETURN to PHS by March 31, 2023.
4. Make sure you place your completed application in the incoming 10th-grade box located at the front office.

The Health Careers Academy continually seeks to find committed individuals who have made a personal decision to explore the healthcare field. By completing this form, you are expressing a personal interest in the Health Careers Academy at Palmdale High School.

**When you have finished filling out the application, print a copy, sign it (both you and your parents/guardians), and return to Palmdale High School, attn: Ms. DiMeglio. Remember, place your application in the incoming 10th-grade box in the front office or with Mr Burry in Room 333.**

STUDENT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

**APPLICATION SHORT RESPONSES:** Please complete the following questions accurately and thoroughly. Your responses help us determine if you will be accepted into the Academy or not.

1. Why do you want to continue taking Health Career Academy courses? **Please note:** If this is your first year to apply for the Academy, please explain why you want to enroll in the Health Careers Academy.
  
  
  
  
  
  
  
  
  
  
2. What have you accomplished in the last year that demonstrates your interest in the healthcare field?
  
  
  
  
  
  
  
  
  
  
3. What are your plans for your life after graduating from high school?

4. List TWO examples that illustrate HOW you have prepared yourself for a career in the healthcare field so far (i.e., volunteer at the local convalescent home, worked as a tutor, etc.).
  
5. Activities -- list any clubs, sports, or other organizations with which you have been involved within or out of school (i.e., Girl Scouts, Club Soccer, FFA, etc.).
  
6. Interests -- list three (3) things that you like to do in your spare time. Why do you like to do these three things?
  
7. Academics -- how important is school to you? What are your current grades for the classes you are currently taking? What are some things you do when a class or assignment seems difficult? How do you overcome the difficulty in order to get the assignment/class completed successfully?
  
8. Course Goals -- what classes do you hope to enroll in next year as a 10th grader? Why do you want to take these classes?

**RECOMMENDATION FORM**  
**Palmdale High School Health Careers Academy**  
**2023-2024**

**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

Dear Teacher/Counselor/Employer:

This student is applying for the Health Careers Academy Academic Core Program. Please complete the student rating form and make any comments in the space provided.

Please return this form **SEALED IN AN ENVELOPE** to the student as soon as possible. Thank you in advance for your service to this student. Your opinion is of great value to us.

1. DAILY ATTENDANCE IS:

Excellent (0-2 absences)	Good (3-4 absences)	Fair (5-8 absences)	Poor (frequent)
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2. ON TIME TO BEGIN CLASS or WORK:

Always	Most of the time	Sometimes	Seldom
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3. COMPLETION OF PROJECTS/JOBS ON TIME:

Always	Most of the time	Sometimes	Seldom
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4. PARTICIPATION AND INTEREST IN ACTIVITIES/JOBS:

High	Very Good	Good	Fair
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5. Because space available to students is limited, it is important that those selected have a commitment to complete the coursework. This means that the student needs to be at school every day, on time, and with completed assignments. Based on how well you know this student, how would you recommend him/her:

Highly Recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend, but with reservations \_\_\_\_\_

6. ADDITIONAL COMMENTS:

**Reference Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone/Ext.:** \_\_\_\_\_

## SIGNATURES FORM

The ENTIRE application MUST be filled out before it can be reviewed. Skipping out on a section of the application may result in your acceptance into the Academy being denied.

Your application MUST include a teacher recommendation letter from a current or past teacher. The recommendation letter MUST be sealed in an envelope and attached to a PRINTED copy of this application.

Once you have completely filled out this application, PRINT a copy, SIGN, and DATE the copy, and submit to Palmdale High School with the teacher recommendation.

### PARENT/GUARDIAN SIGNATURE

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### STUDENT SIGNATURE

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

