



## Health Careers Academy

JARED HEFTER - COORDINATOR

2025-2026 CTE Application

### 10th Grade application for 2025/ 2026 school year

**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 nicely and neatly.
3. PRINT, SIGN, and RETURN to PHS by March 31, 2025.
4. Return your completed application to Palmdale High School and place in the box, ATTN: Jared Hefter
5. "This material is distributed prior to the completion of the Open Enrollment process. Therefore, if you have applied for Open Enrollment to attend a high school other than your school of residence, you may or may not attend this school depending on the outcome of your Open Enrollment application."

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: MR. HEFTER. Remember, place your application in the incoming 10th-grade box in the front office or with Mr. McIntyre in room 333.**

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**\*\*\*PLEASE PRINT CLEARLY OR TYPE\*\*\***

STUDENT'S NAME	
AVUHSD ID #	
HOME ADDRESS	
HOME PHONE	
EMAIL (SCHOOL EMAIL)	
PARENT/ GUARDIAN NAME	

Complete one (1) completed Recommendation Forms (in sealed envelopes) – (BLANK FORMS CAN BE FOUND BY [CLICKING HERE](#) or GOING TO <https://www.palmdalehs.org/programs/health-careers-academy>)

- a. Have a teacher; counselor, employer or other adult complete a recommendation form. Give form to adults early allowing time for the person to complete and return form for you to attach to your application.

**Please ensure you have ALL required documents and they are attached to this application before submitting. Incomplete applications will not be considered.**

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

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

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

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

**APPLICATION SHORT RESPONSES:** Please complete the following questions accurately and thoroughly. Your responses help us determine your acceptance into the Academy.

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?

