



APPLICATION FOR THE HEALTH CAREERS ACADEMY

Palmdale High School

9th 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 nicely and neatly.
3. PRINT, SIGN, and RETURN to PHS by March 31, 2023.
4. Return your completed application to Palmdale High School and place in the box, ATTN: Deb DiMeglio
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: Ms. DiMeglio. Remember, place your application in the incoming 9th-grade box.

STUDENT'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: _(____)_____ EMAIL: _____

8th GRADE SCHOOL: _____

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. At the present time, what are your educational goals?
2. At the present time, what are your career goals?
3. How will the Health Careers Academy help you meet your educational and career goals?

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 9th 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: _____

