HEALTH SCIENCE ACADEMY Application

If there are any questions, please contact Mr. Zajac (jzajac@hoover.k12.al.us) or Dr. Kendrick (wkendrick@hoover.k12.al.us) at Spain Park High School.

Purpose Statement: The Health Science Academy at Spain Park High School is designed to expose students to various healthcare professions and prepare interested students to be successful in medical studies beyond high school.

**Turn this application in to your counselor by Friday, February 6th to be eligible for the program.**

APPLICANT INFORMATION SECTION: Please print legibly

Student’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you wish to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle which Berry Academic Team that you are currently on: 8-1 8-2 8-3 8-4 Not at Berry

Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (or contact number – cell phone): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant should have a minimum C average in core academic classes and a strong work ethic. Each qualified candidate will be interviewed. If the applicant is accepted into the program, the student is committed to the course until the end of the first year. There will be an evaluation at the end of the first year to determine progression in the program. The applicant should understand that the Health Science Academy curriculum is a four-year elective program.

IN A SHORT, WELL-WRITTEN PARAGRAPH, EXPRESS WHY YOU ARE INTERESTED IN THE PROGRAM. ALSO STATE WHAT BENEFITS YOU BELIEVE YOU WILL GAIN FROM THE PROGRAM AND WHAT YOU BELIEVE YOU CAN ADD TO THE PROGRAM. (Can write on the back side or attach an extra sheet).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE PARENT’S SIGNATURE