



Health Sciences Collegiate Academy 2020 Application Materials



Applications Checklist

Recommendations should be submitted to your teachers or counselor by February 3, 2020 to ensure their submission to the guidance office by February 7. All materials must be submitted to your middle school Guidance Office or Administration by February 7, 2020.

Student Name _____

- Admissions Process and Agreement form signed
- Application form
- Report Card Page (separate sheet added or glued to report card page)
- A type-written Writing Sample signed by the student and English Language Arts teacher before February 2nd
- Honor Code Agreement form signed
- Two completed Recommendation Forms

List two current school teachers: One from math or science and one from any teacher or counselor who you will request a recommendation from for you application. Your 7th or 8th grade counselor may serve as one reference.

Teacher Name

Subject

_____ (math or science teacher)

_____ (any subject or counselor)

Middle School Guidance Checklist

- Completed Application
- Two Completed Recommendation forms



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Admission Process and Agreement

The Health Sciences Collegiate Academy offers an accelerated high school with exploration of careers in the STEM and health sciences to develop and reinforce students' interests and learning. In order to meet the demands of this program, it is essential for the student applicant and parent or guardian to exemplify the following:

- High motivation toward an interest in a career in the health sciences.
- Exemplary self-discipline.
- Achievement of B or better in all courses.
- Have parental consent and support.

In order to remain in the Health Sciences Collegiate Academy, a student must:

- Maintain acceptable academic performance for his or her chosen course of study.
- Conform to behavior standards set by the Montverde Academy, Lake County School Board, and Lake-Sumter State College.
- Fulfill the requirements set by the Academy (i.e., volunteerism, exemplary behavior, genuine health career interest).

Application Agreement

A complete application must be submitted to your middle school counselor by **February 7, 2020**. This application packet is valid for the 2020 application cycle and admission into the fall 2020 ninth grade class. Applications submitted after the deadline may not be accepted and accepted at the sole discretion of the Director of the Health Sciences Collegiate Academy.

A complete application includes the following documents: Admission Process and Agreement, the application form, an essay, a mid-year report card, two Teacher Recommendation forms, and the honor code. The 2020 Checklist of Application materials was included as a cover to facilitate proper completion. An Interview is required and the committee will review the applications and make the final selection of the Health Sciences Collegiate Academy students. A review of the final eighth grade report will be conducted to ensure the student has maintained eligibility.

I am aware of the admissions process and standards of the Health Sciences Collegiate Academy and assume all responsibilities of the Admissions Agreement stated above. I understand that by signing below, I give permission for any school to release the applicant's grades or records to Lake County Schools and/or Lake-Sumter State College. I also waive the right to review teacher recommendations, which are part of this application.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

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Application Form

Student Applicant Information

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Birth Date: _____ T-Shirt Adult Sizes: S M L XL XXL

Gender: Female Male _____

School Information

Current School: _____

What high school are you zoned for?

If you are planning to request a zone waver
which high school would you like to attend?

Ethnic Information

Are you of Hispanic or Latino decent? Yes No

What is your Race? (You may check multiple)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Parent/Guardian Information

Name (Last, First): _____ Relationship to Student: _____

Address same as applicant:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent/Guardian Information

Name (Last, First): _____ Relationship to Student: _____

Address same as applicant:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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Report Card Page

Please attach a copy of your latest report card to this page. You may add full page print out.

Report Card should include the first semester grades for this year from Lake County Schools (or other school system).



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Honor Code Agreement

I do hereby resolve to uphold the Honor Code of the Health Sciences Collegiate Academy. I shall refrain from all forms of academic dishonesty; for example, cheating, plagiarism, or other deceitful means of obtaining good grades.

Academic honesty and integrity are essential to the existence and growth of any academic community. Without maintaining a high standard of honesty and conduct, the reputation of the school and of the Health Sciences Collegiate Academy is compromised and society is poorly served.

I understand that the Health Sciences Collegiate Academy course of study is rigorous, and while group study is both accepted and encouraged, ethical conduct is expected at all times. Academic violations of the Honor Code consists of the following but not limited to: cheating includes the actual giving or receiving of any unauthorized aid or assistance on any form of academic work; plagiarism includes the copying of or representation of another's work as one's own.

Inherent in the Honor Code is the responsibility of any and all members of the Health Sciences Collegiate Academy program who have knowledge that a student has violated the honor code to come forth and report any form of Honor Code violation.

I understand that breaches of the honor code may result in my removal from the Health Sciences Collegiate Academy program.

Printed Name of Student: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Recommendation Form #1

Student's Name: _____

Student: Give this form to one of your current teachers or counselors. You must have two recommendations submitted to complete the application.

Teacher/Counselor: Please complete this form and return it to the Guidance Office by Feb. 7. The student waives his or her rights to review recommendations submitted for this application.

Please check the appropriate box:	N/A	Unsatisfactory	Below Average	Average	Above Average	Outstanding
Student's Academic Performance						
Student's Motivation						
Student's Thoroughness & Punctuality						
Student's Self-discipline						
Student's Cooperativeness and ability to work in groups/teams						
Student's Respectfulness and Consideration of Others.						
Student's Interest in STEM						
Student's interest in medical/health related professions.						

- Please check one: This student will excel in an accelerated curriculum.
 This student will do well in an accelerated curriculum.
 This student could do well in an accelerated curriculum, but I have reservations.
 This student is not ready for an accelerated curriculum.

Rationale for Checked Box: _____

Teacher Signature: _____ Subject: _____

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Recommendation Form #2

Student's Name: _____

Student: Give this form to one of your current teachers or counselor. You must have two recommendations submitted to complete the application.

Teacher/Counselor: Please complete this form and return it to the Guidance Office by Feb. 7. The student waives his or her rights to review recommendations submitted for this application.

Please check the appropriate box:	N/A	Unsatisfactory	Below Average	Average	Above Average	Outstanding
Student's Academic Performance						
Student's Motivation						
Student's Thoroughness & Punctuality						
Student's Self-discipline						
Student's Cooperativeness and ability to work in groups/teams						
Student's Respectfulness and Consideration of Others.						
Student's Interest in STEM						
Student's interest in medical/health related professions.						

- Please check one: This student will excel in an accelerated curriculum.
 This student will do well in an accelerated curriculum.
 This student could do well in an accelerated curriculum but I have reservations.
 This student is not ready for an accelerated curriculum.

Rationale for Checked Box: _____

Teacher Signature: _____ Subject: _____