New Visions: HEALTH CAREERS

Student Name _____

School District _____

Counselor Name _____ Counselor E-mail _____

Counselor Phone Number _____

Date of Application _____

Please submit all typewritten forms, including recommendation letters, at the same time so that all of your required paperwork stays together.

Teacher and School Counselor Recommendations need to be printed out and completed.

The Capital Region Board of Cooperative Educational Services does not discriminate on the basis of race, color, national origin, creed, sex, age or handicap as defined by law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. The compliance officer for Title IX and Section 504 is the BOCES Director of Human Resources and is available from 8 a.m. to 4 p.m. weekdays at the Capital Region Board of Cooperative Educational Services, Albany-Schoharie-Schenectady-Saratoga Counties, 900 Watervliet-Shaker Road, Albany, New York 12205; (518) 862-4910.

If you need the assistance of an interpreter, need material translated into any language other than English, please call (518) 862-4801 and leave a voice message. Thank you.

Si usted necesita asistencia de un interprete, o necesita traducion en espanol, y otros idiomas, por favor llame a este tel. (518) 862-4801, y deje un mensaje de voz. Gracias.

NEW VISIONS: HEALTH CAREERS

STUDENT APPLICATION FORM

Student Name:_____

Date of Birth:_____ Email (other than school email)_____

Address:_____City: _____Zip:_____

Home Phone: _____Cell Phone: _____

Parent/Guardian Name: _____

Qualifications for New Visions include the following:

- High school senior
- 3 years Regents Math and Science
- A demonstrated interest in the health field
- High level of academic success and plans for college
- Maturity and ability to work both independently and in teams
- Positive attendance patterns
- Good communication skills, i.e., writing, speaking, listening

1. Complete this application including brief responses to the questions on page 2. All writing for this application will be evaluated for grammar, content, creativity and sincerity.
2. Submit a transcript of high school courses, including grades for classes currently in progress, and SAT or PSAT scores.
3. Secure one letter of recommendation from a high school academic teacher.
4. Secure one letter of recommendation from a School Counselor.
5. Select and submit a COPY of a previously graded writing assignment that was prepared for the high school class of your choosing (it must include teacher comments, grade and rubric if possible.)
6. Review this application with your counselor, have him/her complete and sign page 3.

Submit the completed application and required paperwork via email to: nicole.almeida@neric.org

***Please submit all forms, including recommendation letters, at the same time so that all of your required paperwork stays together.**

CAPITAL REGION BOCES

Student name: _____

1. What types of extracurricular community and school activities have assisted you in developing your career focus?

2. Describe your reasons for wanting to attend this unique career course.

3. List any honors-level and/or advanced placement classes along with grades:

4. Biology Grade:

5. Chemistry Grade:

CAPITAL REGION BOCES

Student name: _____

New Visions: HEALTH CAREERS

School Counselor Recommendation

Please rate the New Visions applicant in the following areas, from one (lowest) to five (highest). Keep in mind that the student will be compared with other capable college preparatory students, and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

	No Basis to Judge	1	2	3	4	5
Ability to get along with others						
Ability to work in a group						
Ability to work independently						
Academic ability						
Dependability						
Ease with adults						
Flexibility						
Maturity						
Self-motivation						
Verbal skills						

Please indicate the number of absences this academic year up to the date of this application: _____

Please indicate the number of discipline referrals this academic year up to the date of this application:_____

Date of application: _____ **Counselor signature:** _____

Please provide a narrative with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

_____

_____

_____

_____

School Counselor Name: _____

Email: _____ Phone: _____

CAPITAL REGION BOCES

Student name: _____

New Visions: HEALTH CAREERS

Teacher Recommendation

Please rate the New Visions applicant in the following areas, from one (lowest) to five (highest). Keep in mind that the student will be compared with other capable college preparatory students, and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

	No Basis to Judge	1	2	3	4	5
Ability to get along with others						
Ability to work in a group						
Ability to work independently						
Academic ability						
Dependability						
Ease with adults						
Flexibility						
Maturity						
Self-motivation						
Verbal skills						

Please indicate the number of absences this academic year up to the date of this application: _____

Please indicate the number of discipline referrals this academic year up to the date of this application: _____

Date of application: _____ **Teacher signature:** _____

Please provide a narrative with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

_____

_____

_____

_____

Academic Teacher Name: _____ Course: _____

Email: _____ Phone: _____