

VANCE MEDICAL ACADEMY
2019-20 Application
(Current 8th & 9th Grade Students)



PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

Parent/Guardian must complete page 1 of the application. Student must complete pages 2, 3 and 4.

Name of Student _____ Age _____

Date of Birth _____ Gender _____ Race _____

Name(s) of Parent/Legal Guardian that student resides with _____

Student's Home Address _____
 (Street)

_____ (City) _____ (Zip)

TELEPHONE NUMBERS			
Mother/Guardian Name	Residence Phone	Work Phone	Cell Number
Father/Guardian	Residence Phone	Work Phone	Cell Number
Student	Residence Phone		Cell:

EMAIL ADDRESSES	
Mother/Guardian	
Father/Guardian	
Student	

School Currently Attending	
High School to Attend for 2018-19	
Expected Grade Level for 2018-19	

PLEASE READ CAREFULLY: Your signature indicates that you recognize the time and effort commitments that your child will be undertaking if accepted into the Vance Medical Academy (VMA).

 (Parent/Guardian signature)

 Date

RETURN APPLICATION TO THE SCHOOL COUNSELOR or to
Willa Clark
Vance Medical Academy
1724 Graham Avenue
Henderson, NC 27536
APPLICATION DEADLINE – April 22, 2019

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SECTION 1 – STUDENT INFORMATION

Student Name _____

Please answer each question below.

1. What are your career goals?

2. What is your greatest strength?

3. What is one of your weaknesses?

4. What three words (or two phrases) come to mind when you think of yourself? Explain your answer.

5. Have you ever been expelled, suspended or placed on probation as a result of a disciplinary action. ___YES
___NO IF YES, please describe. **(This information is required to complete the application process.)**

6. What do you consider to be a major health care issue in your community?

7. How do you think your acceptance to the Vance Medical Academy could help you with solving health issues in the community?

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SECTION 2 – CURRICULAR AND EXTRACURRICULAR ACTIVITIES

Student Name _____

EXTRACURRICULAR ACTIVITIES: Please list your extracurricular, hobbies and family activities that you are currently involved in or plan to be involved in while participating as a student at the VMA.

Sport(s)
Club(s)
Family Activities
Hobbies

COMMUNITY SERVICE:

Please list any community service activities that you have been involved with during the last 12 months and those you intend to continue while being a student in the VMA.

CURRICULAR:

Which subject(s) do you consider your strengths?

Which subject(s) are the most difficult for you?

TEACHER REFERENCES:

Please list the names of your teachers that you are requesting references from. Use the reference forms attached to this application and submit with the entire application upon completion. Follow up will be done with teachers to verify authenticity.

Math Teacher _____ School _____ Phone: _____

Science Teacher _____ School _____ Phone: _____

Language Arts Teacher _____ School _____ Phone: _____

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TEACHER RECOMMENDATION

To the Applicant: Write your name, address and current school information on this form **before** giving it to your reference. Ask one of your current teachers to complete this form. Make sure his/her name is listed on p. 3.

Student's Name _____
Last First Middle

Student's Address _____
Street City, State, Zip Code

Student's Current School _____

How long have you know the applicant? _____

In which grade and subject did you teach this applicant? _____

To the Recommender: The student named above is applying for admission to the Vance Medical Academy (VMA). The VMA includes rigorous courses. Please use this form to share with us your perceptions of the student in the categories below. **Please return this form to the student in a sealed envelope.** Thank you for your assistance.

Please Check as applicable	Exemplary	Acceptable	Needs Improvement	N/A or Unknown
Knows how to actively engage in collaborative group work				
Verbal Communication skills				
Analytical/Problem-solving				
Leadership skills				
Overall quality of academic work				
Dependability/reliability				
Exercises critical thinking skills				
Classroom behavior				
Interpersonal skills				
Cooperativeness				

Comments:

Name of Reference _____ Title _____

Department/Organization _____ Phone _____

Address _____
Street City State Zip

Signature _____ Date _____

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