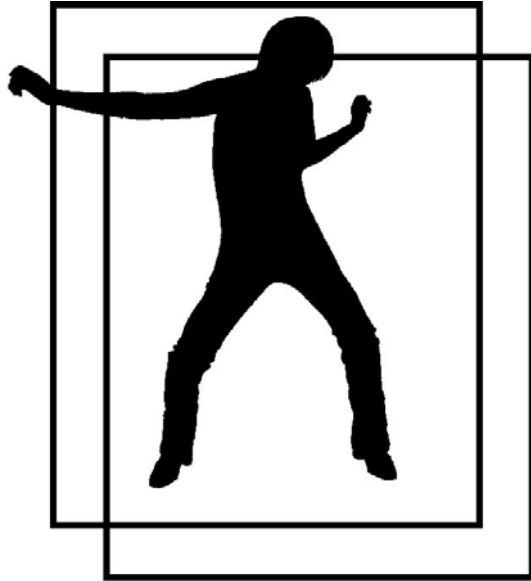


Student Application



Student's Name _____

Home School _____

Counselor _____

Date of Application _____

(Application also available at www.caybores.org)

TO THE APPLICANT...

Congratulations!

By taking this first step in the New Visions Career Exploration program, you are showing us that you are a highly motivated and mature high school junior who may be up to the academic challenge of learning in a professional career environment. Completing the application process in a thorough manner is key to beginning the New Visions experience. Here's what you need to do:

Step One

- Student applications can be found online at **www.cayboces.org** or in hard copy format in your school's guidance office.
- Select the first and second choice of programs on the front cover of the application.
- Complete the personal information page of the application and submit the application to your home school guidance counselor by the assigned deadline.
- Your home school guidance counselor will complete the counselor recommendation and enclose a copy of your high school transcript and current report card.
- Your home school guidance counselor will submit the application to the Regional Education Center guidance counselor (Mrs. Melisa Vormwald).

Step Two

- Your application will be reviewed by the New Visions faculty, administration and staff for eligibility consideration.
- If you are academically eligible, an interview will be scheduled and conducted by the New Visions faculty on-site at each New Visions classroom.
- Post interview follow up assignments will be issued to you at the conclusion of the interview.

Step Three

- You must submit all post interview assignments directly to the New Visions teacher by a pre-established deadline for final review.

Step Four

- You will be notified of your acceptance status before the end of the school year.

TO THE COUNSELOR

1. Please complete the counselor section on the next page of this application.
2. Provide the applicant's transcript including grades for eleventh grade courses in progress.
3. Send completed applications to: Melisa Vormwald, Cayuga-Onondaga BOCES, 1879 West Genesee St. Rd., Auburn, New York 13021.

Counselor Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Personal application | <input type="checkbox"/> High school transcript |
| <input type="checkbox"/> Counselor evaluation | <input type="checkbox"/> Current Report Card |

STUDENT PERSONAL INFORMATION

Name _____ Parent/Guardian _____

Address _____ Home Phone _____

_____ Parent(s) Work Phone _____

Home E-mail _____ Student Cell Phone _____

Date of Birth _____ Social Security No. _____

How did you hear about the New Visions Medical Professions program? _____

PERSONAL INFORMATION QUESTIONS:

Please attach a separate sheet with no more than a one paragraph response for each question.

1. Discuss a person who has had a significant influence on you, and describe that influence.
2. Describe a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
3. Give an example of a life learning opportunity that you have taken advantage of that prepared you for your New Visions program.
4. Discuss a time when you tried to reach a goal or complete a task that was highly challenging, difficult, or frustrating.

Students interested in **New Visions Career Exploration** apply for the program in the spring of their junior year. Candidates should:

1. Be eligible for graduation the following year.
2. Have successfully completed a rigorous high school academic program.
3. Plan to attend a post-secondary institution.

Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable college preparatory students, and if accepted to the program, will be working closely with a variety of professionals in a community setting. Maturity and communication skills are extremely important.

	NO BASIS TO JUDGE	LOW			HIGH	
		1	2	3	4	5
EASE WITH ADULTS	<input type="checkbox"/>					
ATTENDANCE	<input type="checkbox"/>					
ACADEMIC ABILITY	<input type="checkbox"/>					
SELF-MOTIVATION	<input type="checkbox"/>					
SCHOOL OR COMMUNITY PARTICIPATION	<input type="checkbox"/>					
VERBAL SKILLS	<input type="checkbox"/>					
WRITING SKILLS	<input type="checkbox"/>					
DEPENDABILITY	<input type="checkbox"/>					
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>					
ABILITY TO WORK IN A GROUP	<input type="checkbox"/>					
MATURITY	<input type="checkbox"/>					
ABILITY TO GET ALONG WITH OTHERS	<input type="checkbox"/>					

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.

Recommended

Not Recommended

Signature

Date