

Application for the Medical Careers Pathway at Novato High School 9^{TH} GRADE - 2019-2020

Applications must be received by February 1st.

Mission statement

The mission of the Novato High School Medical Careers Pathway is to prepare students with the academic, social, and professional skills needed to be college and career ready in the medical fields. Students will be introduced to a wide variety of healthcare careers and topics. In addition to a rigorous and college articulated curriculum, students will be exposed to a multitude of leadership opportunities that include community networking, job shadowing, student research, field trips, and community service.

(Please print or type clearly)

The Medical Careers Pathway is seeking to find committed individuals who have made a personal decision to explore the healthcare field.

I am interested in being a part of the Medical Careers Pathway at Novato High School.

Student's name						
Home address	Home phone					
City	_State	Zip code				
Present school						
Email address:						
Name of parent(s) or guardian(s) and emails:						

1. At the present time, what are your educational goals?

2. At the present time, what are your career goals?

3. Why do you want to be a part of the NHS Medical Careers Pathway?

4. The NHS Medical Careers Pathway is a rigorous program that will require you to have excellent study skills. Please list examples to illustrate how you prepare for exams and/or stressful academic situations. Include any other details you'd like to include to help us understand your role as a student.

5. ACTIVITIES- list any clubs, sports or other organizations with which you have been involved with in or out of school.

6. INTERESTS- List three things that you like to do in your spare time. In other words, tell us a bit about yourself.

7. CURRENT SCHEDULE- What classes are you currently enrolled in and what grades do you think you are receiving in those courses? What courses do you hope to take in high school?

8. Why do you want to pursue a career in healthcare?

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Students are expected to complete 80 hours of community service throughout their 4 years at Novato High School as part of the Medical Careers Pathway. (This includes the 40 hours required for graduation.) By initialing this box you are acknowledging that you are willing and able to complete your service requirement within your 4 years at NHS.

EACH APPLICATION MUST HAVE A COMPLETED RECOMMENDATION FORM, FILLED OUT BY A FORMER OR CURRENT TEACHER SEALED IN AN ENVELOPE AND ATTACHED TO THIS APPLICATION.

My signature below indicates that I give my consent to my son/daughter to register for the Medical Careers Pathway at Novato High School.

PARENT'S/ GUARDIAN'S NAME

SIGNATURE

DATE

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RECOMMENDATION FORM NOVATO HIGH SCHOOL MEDICAL CAREERS PATHWAY 2019-2020

STUDENT NAME

SCHOOL

Dear Teacher/Counselor/Employer:

This student is applying for the Medical Careers Pathway at Novato High School. Please complete the student rating form and make any comments in the space provided.

Please return this form SEALED IN AN ENVELOPE to the student as soon as possible. Thank you in advance for your service to this student. Your opinion is of great value to us.

Please mark the column that best completes each of the following statements.

1.	Daily attendance at school/ work is 	Excellent (0-2absences)	Good (3-4 absences)	Fair (5-8 absences)	Poor (frequent)
2.	Student is on time to begin class or work.	Always	Most of the time	Sometimes	Seldom
3.	Student completes projects/ tasks on time	Always	Most of the time	Sometimes	Seldom
4.	Student participation and interest in activities/ tasks is	Always	Most of the time	Sometimes	Seldom

5. Because the spaces available to students are limited, it is important that those selected have a commitment to complete the coursework. This means that the student needs to be at school every day, on time and with completed assignments. Based on your information, how would you recommend this student:

Highly Recommended	Recommended	Recommended with Reservations
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6. ADDITIONAL COMMENTS:

Reference Name: Date:

School Organization: ______Phone & Extension: _____

Signature:_____