

# Academy of Health and Healthy Communities & FACES

## STUDENT APPLICATION

### Benefits of Participation

- Get hands-on experience and exciting opportunities
- Make contacts that can become career opportunities and prepare for college
- Acquire useful skills

Name \_\_\_\_\_  
Last First Date of Birth

Phone Number: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

1. Why are you interested in being selected for this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What skills or qualities do you have that would help you be successful in the VAPA Academy  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. A key success factor is attendance in school. Therefore, if you have had attendance problems, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If your GPA is below 2.0, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have a working computer in your home? \_\_\_ If yes, do you have Internet connection? \_\_\_

I understand that if I enter into this program, I will be committed to completing all of the necessary Academy courses and participating in job shadows and an internship program.

\_\_\_\_\_  
Signature of Applicant Date

**Return the completed application to Nora Welshans, Counseling Office-Career Center.**

**APPLICATION DEADLINE: ASAP**