**Health Sciences and Technology Academy**

Community-Campus Partnership

**DIRECTIONS:**

**1. Complete this application in INK & return it to:**

**Insert Contact Information Here**

**2. All applications must include a copy of your last semester’s grade card.**

**3. Incomplete applications will not be considered.**

Dear Students & Parents,

The (insert region here) Health Sciences and Technology Academy (HSTA) is accepting applications for the 2018-2019 school year. There are limited vacancies available at this time. If you are interested in applying please complete the attached application and return it by (insert date and return address here).

Candidates must be in the 8th grade, a United States citizen and WV resident, have at least a 2.5 GPA and should have an interest in Health Sciences and/or STEM (Science, Technology, Engineering, and Mathematics).

The four criteria for admission are as follows:

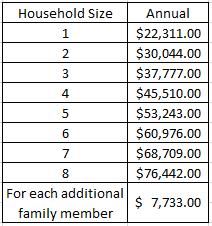
1. African American

2. Low Income (see guideline information below)

3. First Generation College (neither parent is a four year college graduate)

4. Students living in Rural Areas

**All students are welcome to apply and do not need to meet all criteria. Note: Students must be working on grade level, i.e. if a student is in the 8th grade, they must be able to complete 8th grade level work or higher.**

Please review the federal income guidelines at [http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs.htm](https://exweb.hsc.wvu.edu/owa/redir.aspx?C=Ur-h1NK5rESSY3CbK1mmy8a-s_fNkdBI-KfttLbt78YQ5VTxvy31SQEg6Vju9aSKinYtBr4kYt0.&URL=http%3a%2f%2fwww.fns.usda.gov%2fcnd%2fGovernance%2fnotices%2fiegs%2fIEGs.htm) to determine if you are eligible to claim low income as an eligibility requirement.

If “Low Income” you may be asked to submit one of the following:

1. Two most current pay stubs

2. Tax returns

3. W-2

4. A letter from the DHHR stating you are currently receiving program assistance

If you have any questions please call (insert number). If I am unavailable please leave a message and I will get back with you as soon as possible.

Sincerely,

Insert your name and title here.

OFFICE USE ONLY

GPA: \_\_\_\_\_\_\_\_\_

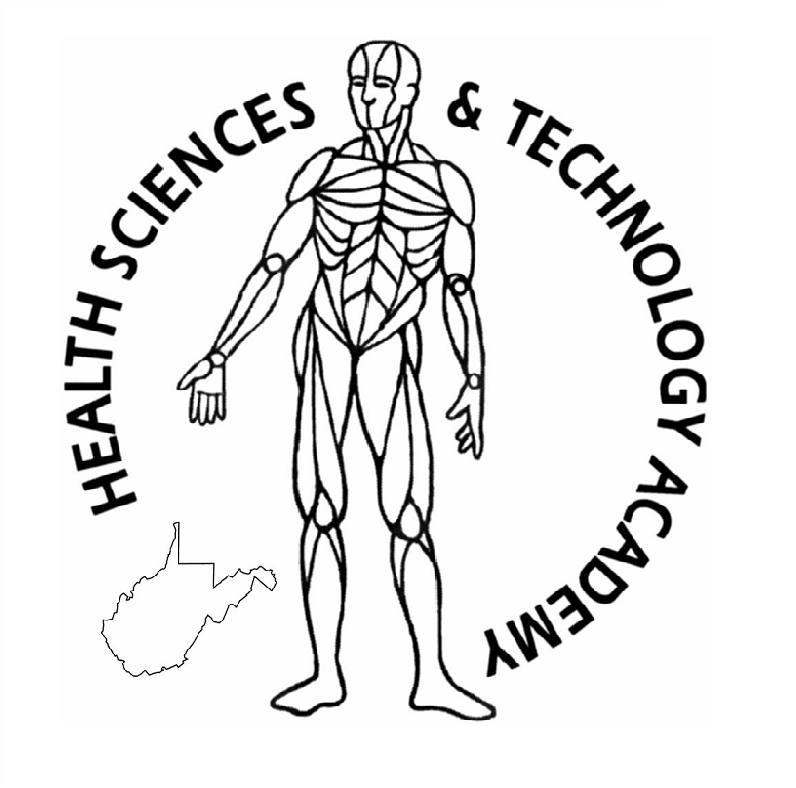
Criteria:

o AA o LI

o 1G o RA

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date accepted into program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HSTA Student Application 2018-2019**

**HSTA Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***GENERAL INFORMATION*** | | | | | | | | |
| Student Name: | | | | | | Date of Birth: | | |
| Mailing Address:  City, State, Zip : | | | | | | West Virginia Resident Yes  NO  U.S. citizen: Yes  NO | | |
| Home Phone Number: | | | | Cell: | | Male  Female | Student WVEIS Number: | |
| Student E-mail Address: | | | | | | County: | | |
| Current School Name: | | | | | High School to Attend: | | | |
| Please check the appropriate category for ethnic background:  AFRICAN-AMERICAN [BLACK]]  HISPANIC  EUROPEAN-AMERICAN [WHITE]  ASIAN  NATIVE-AMERICAN [INDIAN ]  BI-RACIAL [Please Specify] - [ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ]  **Number of Family Members Living in Home**: \_\_\_\_\_\_\_ | | | | | | | | |
| **eligibility requirements** | | | | | | | | |
| IN WHAT way do YOU MEET THE PROGRAM ELIGIBILITY requirement? [Check  **all** that apply, See attached Guidelines] | | | | | | | | |
| AFRICAN-AMERICAN  LOW INCOME (Documentation may be requested)  FIRST GENERATION COLLEGE STUDENT *[Neither parent is a Four Year college graduate]*  RURAL | | | | | | | | |
| **Legal Guardian’s Name:** | | | | | | **Highest Educational Level Completed?**  ELEMENTARY SCHOOL  HIGH SCHOOL - GRADE COMPLETED: \_\_\_\_\_  VOCATIONAL SCHOOL  2 YEARS COLLEGE  4 YEARS COLLEGE or Better | | |
| Mailing Address: | | | | | |
| City, State, Zip : | | | | | |
| Gender: Male  Female  Occupation: | | | | | |
| E-mail Address: | | | | | |
| Home/Work Phone No.: | | | Cell Phone No.: | | |
| **Mother’s/ Legal Guardian’s Name:** | | | | | | **Highest Educational Level Completed?**  ELEMENTARY SCHOOL  HIGH SCHOOL - GRADE COMPLETED: \_\_\_\_\_  VOCATIONAL SCHOOL  2 YEARS COLLEGE  4 YEARS COLLEGE or Better | | |
| Mailing Address: | | | | | |
| City, State, Zip : | | | | | |
| Gender: Male  Female  Occupation: | | | | | |
| E-mail Address: | | | | | |
| Home/Work Phone No.: | | Cell Phone No.: | | | |
| Does student live with: Father/Legal Guardian Mother/Legal Guardian Both Parents Other (Add information Details below)  OTHER: First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| **essays**   1. Answer each essay question completely. 2. If additional space is needed, attach additional sheets. | | | | | | |

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| **) Why do you want to participate in the Health Sciences and Technology Academy (HSTA)?** |
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| **2) What career field are you interested in pursuing? Briefly explain why.** |
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*I certify that all the information in this application is complete and accurate; I also understand that submission of inaccurate information shall be sufficient cause for denial of admission. I understand that my signature below authorizes HSTA to access all student school records throughout student’s enrollment in the Health Sciences & Technology Academy program.*

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*I understand that incomplete applications will not be considered and I have included:*

* *Last semester’s grade card*

*I understand that all information obtained for the purposes of HSTA will be kept confidential.*

Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_