



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 report 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 2016-2017 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 nor legal guardian 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 to the right to determine if you are eligible to claim low income as an eligibility requirement. You may go to <http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs.htm> for more information.

Household Size	Annual
1	\$ 21,775
2	\$ 29,471
3	\$ 37,167
4	\$ 44,863
5	\$ 52,559
6	\$ 60,255
7	\$ 67,951
8	\$ 75,647
For each additional family member add	\$ 7,696

If "Low Income" is marked on the application you must include **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.



Health Sciences and Technology Academy HSTA Student Application 2016-2017

HSTA Region: _____

Application Deadline: _____

OFFICE USE
ONLY

GPA _____

AA

LI

GENERAL INFORMATION

STUDENT NAME:		DATE OF BIRTH:	
MAILING ADDRESS:		WEST VIRGINIA RESIDENT Yes <input type="checkbox"/> NO <input type="checkbox"/>	
CITY, STATE, ZIP:		U.S. CITIZEN: Yes <input type="checkbox"/> NO <input type="checkbox"/>	
HOME PHONE NO:		MALE <input type="checkbox"/>	AGE:
Cell:		FEMALE <input type="checkbox"/>	
E-MAIL ADDRESS:		COUNTY:	
CURRENT SCHOOL NAME:		CURRENT GRADE LEVEL:	
HIGH SCHOOL TO ATTEND:			
PLEASE CHECK THE APPROPRIATE CATEGORY FOR ETHNIC BACKGROUND:			
<input type="checkbox"/> AFRICAN-AMERICAN [BLACK] <input type="checkbox"/> HISPANIC			
<input type="checkbox"/> EUROPEAN-AMERICAN [WHITE] <input type="checkbox"/> ASIAN			
<input type="checkbox"/> NATIVE-AMERICAN [INDIAN] <input type="checkbox"/> 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]	
<input type="checkbox"/> AFRICAN-AMERICAN	
<input type="checkbox"/> LOW INCOME: If marking this category, must attach income verification to this application. May use any of the following: 1) Two Most Current Pay Stubs 2) Tax Returns 3) W-2 4) Letter from DHHR.	
<input type="checkbox"/> FIRST GENERATION COLLEGE STUDENT [NEITHER PARENT NOR LEGAL GUARDIAN IS A FOUR YEAR COLLEGE GRADUATE]	
<input type="checkbox"/> RURAL	

PRIMARY GUARDIAN (SPECIFY: FATHER/MOTHER/OTHER)		HIGHEST EDUCATIONAL LEVEL COMPLETED <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> HIGH SCHOOL - GRADE COMPLETED: _____ <input type="checkbox"/> VOCATIONAL SCHOOL <input type="checkbox"/> 2 YEARS COLLEGE <input type="checkbox"/> 4 YEARS COLLEGE OR BETTER
NAME (LAST, FIRST, MIDDLE)		
MAILING ADDRESS:		
CITY, STATE, ZIP:		
OCCUPATION:		
E-MAIL ADDRESS:		
HOME/WORK PHONE No.:	CELL PHONE No.:	

SECONDARY GUARDIAN (SPECIFY: FATHER, MOTHER/OTHER)		HIGHEST EDUCATIONAL LEVEL COMPLETED <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> HIGH SCHOOL - GRADE COMPLETED: _____ <input type="checkbox"/> VOCATIONAL SCHOOL <input type="checkbox"/> 2 YEARS COLLEGE <input type="checkbox"/> 4 YEARS COLLEGE OR BETTER
NAME (LAST, FIRST, MIDDLE)		
MAILING ADDRESS:		
CITY, STATE, ZIP:		
OCCUPATION:		
E-MAIL ADDRESS:		
HOME/WORK PHONE No.:	CELL PHONE No.:	

ESSAYS

- 1) Answer each essay question completely.
- 2) If additional space is needed, attach additional sheets.

1) Why do you want to participate in the Health Sciences and Technology Academy?

2) What career field are you interested in pursuing? Briefly explain why.

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.

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

- Last semester's grade card*
- Low Income information, if applicable*

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

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____