

Early College Health Science Academy Application

- ◆ Applications may be submitted throughout the school year, student may not be accepted until the next enrollment period.
- ◆ Additional applications may be obtained by making copies of the application or contacting your Advisor
- ◆ Only complete applications will be accepted.
- ◆ **Enrollment Requirements:**
 - ✓ Must be interested in health care as a career
 - ✓ **Must have 2.5 GPA (on 4.0 scale) – *Please include a copy of your current high school transcript***
 - ✓ Must have Good Attendance
 - ✓ Must have Good Behavior Record
 - ✓ Completed ECHSA application
 - ✓ Completed Butler application
 - ✓ Completed/Signed High School Release Form
 - ✓ Recommendation from school administrator and counselor
 - ✓ Statement that explains your personal interest in a career in health care (please attach)

I. STUDENT INFORMATION

Please type or print legibly in ink all responses below

Select one: Rising 10th Grade Student Rising 11th Grade Student Rising 12th Grade Student

Please select which cohort you are interested in: AM PM No preference

Cohort selection reason: _____

 Last Name First Name (Preferred Name) Middle Initial

 Birth Date (Month/Day/Year) Home Phone Number (Including Area Code) Cell Phone Number (Including Area Code)

 Permanent Street Address PO Box/Rural Route Personal Email Address

 City State County Zip Code

 ACT, Aptitude, or Other Test Score (please indicate which test and score)

Gender: Female
 Male

Ethnicity: (optional)
 Hispanic/Latino Yes No

Race: Check one or more (optional)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Caucasian (White)
 More than one race
 Other _____

How did you find out about the Health Academy? _____

What is your current health career interest(s)? _____

Please attach a short essay, describing why you are interested in a health care career. (200 word maximum).

II. SCHOOL INFORMATION

Name of School Currently Attending	Grades attended	Expected date of Graduation
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School Address	City	State	Zip	School Counselor/Advisor's Name
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Name of School Previously Attended	Grades attended	Phone number
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School Address	City	State	Zip	School Counselor/Advisor's Name
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III. PARENT INFORMATION

Parent/Guardian Name	Relationship	Address	City	State	Zip Code
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Daytime Phone	Evening Phone	Cell Phone (Optional)
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Occupation	Employer
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Parent/Guardian Name	Relationship	Address	City	State	Zip Code
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Daytime Phone	Evening Phone	Cell Phone (Optional)
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Occupation	Employer
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IV. College Commitment

With your child's acceptance into the Health Academy there comes a financial responsibility to gain college credit. Many of the courses scheduled as part of the Health Academy are dual credit opportunities. Students will gain credit towards High School graduation and at the same time college credit towards a health career. Each Butler Community College credit hour will be charged at the current per credit rate. It is understood that this cost will be the responsibility of the student just as any college course taken.

Parent/Guardian Name (print)	Signature	Relationship
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V. Previous Program Participation:

I have participated in the following program(s): (attach additional information if needed)

Health Career Camps/Programs, Dates: _____ Program Name: _____

Job Shadowing Dates: _____

Practitioner/Health Care Facility: _____

Other Health Career Associated Programs or Experiences: _____
(Titles and dates)

VI. Information to be completed by School Counselor:

Name of advisor/counselor/registrar Title School Phone Number

I certify that _____

- has a current overall GPA of _____ (on a 4.0 point scale)
- class rank is ____ of _____
- has an attendance record that will allow him/her to be successful in the Health Academy
- is a student in good standing and has no major behavioral infractions.

Signature of advisor/counselor/registrar Date

VII. High School Administrator – Recommendation:

I recommend _____ to participate in the Early College Health Science Academy.

Printed Name & Signature of High School Official (Principal/Assistant Principal) Date

I certify that the application was completed by me (the student), and that all information is accurate. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or the program. If I am selected for the program and choose to participate, I agree to abide by all program rules and guidelines. I understand that this is a longitudinal program and if I am selected, I agree to supply all information as requested to assess my progress toward a health care career.

Student Signature Date

I have read the application and certify that the information is accurate. I give permission for my child to apply and participate in this program. If my child is accepted, I understand that I will receive additional information regarding the program. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond to surveys regarding my child and his/her progress. I understand that this information will remain confidential.

Parent/Guardian Signature Date

Please return completed application to:

Dr. Marcy Aycock, Director
Early College of Health Science Academy
Butler Community College – Rose Hill
712 S. Rose Hill Rd
Rose Hill, KS 67133

If you have questions, please call or email:

Dr. Marcy Aycock 316-776-9429
316-209-5848
maycock@butlercc.edu