

*Gloucester County Public Schools
Mathews County Public Schools
Governor's Health Sciences Academy*



Application Packet
2017-2018



Governors Health Sciences Academy

Gloucester County Public Schools ~ Mathews County Public Schools
Application for the 2017-2018 School Year

Parent/Guardian must complete this page of the application. Please print clearly in blue/black ink. Students must complete the following pages. Incomplete applications will not be considered.

Name of Student _____ Sex _____ Age _____ Date of Birth ____ / ____ / ____

Name(s) of Parent/Legal Guardian with whom student resides _____

Student's Home Address _____
 (Street)

 (City) (Zip)

TELEPHONE NUMBERS			
Mother/Guardian	Residence Phone	Work Phone	Cell
Father/Guardian	Residence Phone	Work Phone	Cell
Student	Residence Phone		Cell
EMAIL ADDRESSES			
Mother/Guardian			
Father/Guardian			
Student			

Base School
Expected Grade level for 2018-2019

PLEASE READ CAREFULLY: By submitting this application you understand the commitment of effort and time your child is undertaking if accepted into the Governor's Health Sciences Academy, Gloucester/Mathews (GHSA).

Parent/Guardian Signature

Date

SEND APPLICATION TO:
 Governor's Health Sciences Academy
 Attn: Claudette Johnson, MSN, RN
 Gloucester High School
 6680 Short Lane
 Gloucester, VA 23061

SECTION 1 – STUDENT INFORMATION

Student Name _____ Student ID Number _____

Please answer the following questions to the best of your abilities.

What do you consider a major health care issue in our community?

What contribution do you intend to make to our community as a part of the health care community?

Now tell us about you...

What are your career goals?

What is your greatest strength academically and personally?

What is one of your areas for growth academically and personally?

What three words (or two phrases) come to mind when you think of yourself? Explain your answer.

Have you ever been expelled, on probation, suspended and or removed from school due to a disciplinary issue? YES / NO If yes, please describe. **(Failure to provide this information could result in placing your application in jeopardy of not being accepted.)**

SECTION 2 – CURRICULAR AND EXTRACURRICULAR ACTIVITIES

Student Name _____

Please list your extracurricular, hobbies, and family activities you are currently involved in and plan to continue or will be engaging in while a student in the GHSA.

Sport(s)	Clubs	Family Activities	Hobbies

Community Service: Community service is required if you are accepted at GHSA. Would you be willing to participate? YES ___ NO ___ If no, why? _____

Please list any community service activities that you have been involved with during the last 12 months and those you intend to continue while a GHSA student.

1. _____
2. _____
3. _____

CURRICULAR:

What subject(s) do you consider your strength(s)?

What subject(s) do you have the most difficulty with?

TEACHER REFERENCES:

Please list the names of the teachers you are requesting references from. Use the reference forms attached to this application and submit with the entire application upon completion. Follow up will be done with teachers to verify authenticity.

Math Teacher _____ School _____ Phone _____

Science Teacher _____ School _____ Phone _____

Language Arts Teacher _____ School _____ Phone _____

Governor's Health Sciences Academy

Academic/Administrative Recommendations

To the applicant: Please complete the top section and give this form to one of your current classroom teachers listed as references in this application to complete.

Student Name _____
Last
First
Middle

Student's Address _____
Street
City
State
Zip Code

Student's Current School _____

How long have you known this applicant? _____

In which grade and subject did you teach this applicant? _____

To the recommender: The student named above is applying for admission to the Governor's Health Sciences Academy, Gloucester/Mathews. Please use this form to share with us your perceptions of how well this student will meet the academic rigor and social responsibilities of the school keeping in mind that most courses are dual enrollment college courses. In addition, please attach an official report of discipline issues. **Please return this form to the student in an envelope with your signature over the seal.** Thank you for your assistance.

Please check as applicable	Excellent	Satisfactory	Needs Improvement	N/A or unknown
Knows how to actively engage in collaborative group work				
Verbal communication skills				
Analytical/Problem-solving skills				
Leadership skills				
Overall quality of academic work				
Dependability/Reliability				
Exercises critical thinking skills				
Classroom behavior				
Interpersonal skills				
Cooperativeness				

Comments:

Name of Reference _____ Title _____

Department/Organization _____ Phone _____

Address _____

Street

City

State

Zip

Signature _____ Date _____

Governor's Health Sciences Academy

Academic/Administrative Recommendations

To the applicant: Please complete the top section and give this form to one of your current classroom teachers listed as references in this application to complete.

Student Name _____
Last
First
Middle

Student's Address _____
Street
City
State
Zip Code

Student's Current School _____

How long have you known this applicant? _____

In which grade and subject did you teach this applicant? _____

To the recommender: The student named above is applying for admission to the Governor's Health Sciences Academy, Gloucester/Mathews. Please use this form to share with us your perceptions of how well this student will meet the academic rigor and social responsibilities of the school keeping in mind that most courses are dual enrollment college courses. In addition, please attach an official report of discipline issues. **Please return this form to the student in an envelope with your signature over the seal.** Thank you for your assistance.

Please check as applicable	Excellent	Satisfactory	Needs Improvement	N/A or unknown
Knows how to actively engage in collaborative group work				
Verbal communication skills				
Analytical/Problem-solving skills				
Leadership skills				
Overall quality of academic work				
Dependability/Reliability				
Exercises critical thinking skills				
Classroom behavior				
Interpersonal skills				
Cooperativeness				

Comments:

Name of Reference _____ Title _____

Department/Organization _____ Phone _____

Address _____
Street
City
State
Zip

Signature _____ Date _____

