



Medical Careers Pathway

APPLICATION FOR THE MEDICAL CAREERS PATHWAY

9TH GRADE - 2018-2019

(Please print or type clearly)

The Medical Careers Pathway is seeking to find committed individuals who have made a personal decision to explore the healthcare field.

I am interested in being a part of the Medical Careers Pathway at Novato High School.

STUDENT'S NAME _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

PRESENT SCHOOL _____

**Please return this application to Novato High School,
Attn: Mrs. Nicklasson by February 1, 2019 for registration.**

1. At the present time what are your educational goals?

2. At the present time what are your career goals?

3. How do you believe the NHS Medical Careers Pathway will help you meet your educational and career goals?

4. The NHS Medical Careers Pathway is a rigorous program that will require you to have excellent study skills. Please list examples to illustrate how you prepare for exams and/or stressful academic situations. Include any other details you'd like to include to help us understand your role as a student.

(1)

5. ACTIVITIES- list any clubs, sports or other organizations with which you have been involved with in or out of school.

6. INTERESTS- List three things that you like to do in your spare time. In other words, tell us a bit about yourself.

7. CURRENT SCHEDULE- What classes are you currently enrolled in and what grades do you think you are receiving in those courses? What courses do you hope to take next year?

8. Why do you want to pursue a career in healthcare?

EACH APPLICATION MUST HAVE A COMPLETED RECOMMENDATION FORM, FILLED OUT BY A FORMER OR CURRENT TEACHER SEALED IN AN ENVELOPE AND ATTACHED TO THIS APPLICATION.

My signature below indicates that I give my consent to my son/daughter to register for the Medical Careers Pathway at Novato High School.

PARENT'S/ GUARDIAN'S SIGNATURE

DATE

**RECOMMENDATION FORM
NOVATO HIGH SCHOOL MEDICAL CAREERS PATHWAY
2018-2019**

STUDENT NAME _____

SCHOOL _____

Dear Teacher/Counselor/Employer:

This student is applying for the Medical Careers Pathway at Novato High School. Please complete the student rating form and make any comments in the space provided.

Please return this form SEALED IN AN ENVELOPE to the student as soon as possible. Thank you in advance for your service to this student. Your opinion is of great value to us.

Please mark the column that best completes each of the following statements.

1. Daily attendance at school/ work is _____	Excellent (0-2absences)	Good (3-4 absences)	Fair (5-8 absences)	Poor (frequent)
2. Student is _____ on time to begin class or work.	Always	Most of the time	Sometimes	Seldom
3. Student _____ completes projects/ tasks on time	Always	Most of the time	Sometimes	Seldom
4. Student participation and interest in activities/ tasks is _____.	Always	Most of the time	Sometimes	Seldom

5. Because the spaces available to students are limited, it is important that those selected have a commitment to complete the coursework. This means that the student needs to be at school every day, on time and with completed assignments. Based on your information, how would you recommend this student:

Highly Recommended	Recommended	Recommended with Reservations
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6. ADDITIONAL COMMENTS:

Reference Name: _____ Date: _____

School Organization: _____ Phone & Extension: _____

Signature: _____