



Date Received: _____

Applicant Number: _____

Rockland BOCES Career & Technical Education Center

NEW VISIONS HONORS PROGRAM

APPLICATION

Health Careers Exploration

Application Deadline: March 8, 2019

Student's Name: _____

Email: _____ Cell: _____

Home School: _____

Guidance Counselor: _____

APPLICATION CHECKLIST

- _____ Page 1 & 2 of Application Packet
- _____ Application Questions & Essay (from Page 3) on Separate Sheet of Paper
- _____ Counselor Evaluation
- _____ Teacher Evaluation
- _____ High School Transcript
- _____ Current Report Card

ELIGIBILITY

Students interested in the **New Visions Health Careers Exploration Program** must apply by spring of junior year. Candidate should be Honors/AP student with 90 or above GPA and eligible for graduation the following year. Candidate must have successfully completed three years of Honors or AP level math and science by end of 11th grade. If accepted, students must provide their own transportation to classroom and workplace sites.

APPLICATION PROCESS

1. Give the enclosed counselor evaluation to your guidance counselor and request a copy of your transcript and most recent report card to be submitted with application.
2. Give teacher evaluation to the respective teacher and ask him/her to return it promptly to your guidance counselor.
3. Provide the information requested on the New Visions application (including answers to questions & essay on separate sheet) and return all to your guidance counselor to be submitted by application deadline: **March 8, 2019**.
4. Your application will not be reviewed/considered complete until all items on the checklist above are received.
5. Applicants will be notified in March whether or not they've been selected to move forward to the interview portion of the application process. Interviews will take place in late March.
6. All decisions will be emailed in April.

Rockland BOCES Career and Technical Education Center (CTEC)

65 Parrott Road, West Nyack, NY 10994 (845) 627- 4770 Fax: (845) 623-3412

STUDENT INFORMATION (please print)

Name: _____ Date of Birth: Month _____ Day _____ Year _____
Last First MI

Gender: Male _____ Female _____ Social Security Number: _____

Home Address: _____
Street Apt # City State Zip Code

Home Phone: _____ Student's Cell: _____ Email: _____

Name of Parent/Guardian that student lives with: Mr. Mrs. Ms. Miss _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name if Parent/Guardian listed above can't be reached: _____

Relationship: _____ Phone: _____ Cell: _____

DATA FOR STATE REPORTING & PARENT/GUARDIAN PERMISSION

In order to gain special funding from NY State, Rockland BOCES needs to report the following information to NYS Education Dept. The money is used for special programs to help our students achieve greater success. The information will be reported in totals. Individual student information will be kept on file and will not be used for any other purpose.

Student's Race/Ethnicity: _____ American Indian/Alaskan Native _____ Black/African American

_____ White _____ Asian _____ Native Hawaiian/Other Pacific Islander _____ Two or More Races

Does student have children? __Yes __No Is student married? __Yes __No Does student receive free or reduced lunch? __Yes __No

Is English the language spoken at home? __Yes __No If no, what language do you speak at home? _____

I approve of my son's/daughter's application to the Career & Technical Education Center (CTEC). I am aware that he/she will attend one-half day in the home school and one-half day at CTEC. Permission is granted for him/her to participate in any lab/shop activity in the program. I also agree to supply him/her with uniforms and equipment if required in the course selected. Cooperation with the staff of the home high school and that of CTEC to maintain good attendance is assured. Credits earned will be applied for graduation from the high school. Transportation to and from CTEC will be provided. I give permission for the home school to send to CTEC appropriate school records, including my son's/daughter's CSE records, current IEP, psychological and medical reports. Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest emergency first aid station or hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

Student Signature _____ Parent/Guardian Signature _____

Rockland BOCES offers educational opportunities without regard to sex, race, color, national origin, or handicap. Inquires regarding this nondiscrimination policy may be directed to Title IX, Section 504 Coordinator, Rockland BOCES, 65 Parrott Rd., West Nyack, NY 10994.

HOME SCHOOL TO COMPLETE THE FOLLOWING INFORMATION

High School _____ Today's Date _____ Current Grade _____

Home School Student ID #: _____ Has Student Previously Attended CTEC? __Yes __No
(Needed For Sirs Reporting)

C.S.E. Placement? __Yes __No (If Yes, IEP/504 ACCOMMODATIONS MUST BE ATTACHED)***

Program Selected: X CTE _____ CSP Course Selected: NEW VISIONS
(CSP For Special Needs Students Gr. 9-12)

Guidance Counselor's Signature _____

Telephone Number _____

INFORMATION FOR THE CANDIDATE

New Visions Health Careers Exploration is a competitive program that seeks highly motivated, academically capable and mature high school seniors who are interested in the health field. By completing the New Visions program, students will receive four (4) credits which will be applied toward graduation from the home school.

<u>New Visions Health</u>	
2 credits	Honors Health Electives
1 credit	Honors Social Studies 12 (PIG, Economics)
1 credit	Honors English 12

Students are also eligible to receive up to six (6) college credits from Dominican College for their coursework.

APPLICATION QUESTIONS

Answer the following questions. **Please type and submit on a separate sheet of paper along with essay.**

1. What are your career goals?
2. List your favorite subject(s) in school.
3. List your interests/activities outside of school.
4. What has been your least favorite aspect of high school to date? Why?
5. List prior experiences (paid or volunteer) you have had in the health field.

ESSAY PROCEDURE

Please write a composition of approximately 250-300 words on **one** of the following topics:

1. An Issue I Feel Strongly About
2. My Favorite Way of Spending Time
3. A Person I Admire
4. Given the Chance, One Thing (Decision/Action) I Would Do Differently in My Life
5. One Major Change I Would Make in How My High School Operates

Name of Applicant: _____ Name of Counselor: _____

GUIDANCE INFORMATION
(To be completed by guidance counselor)

Procedure:

1. Please complete this section of the application.
2. Scan or fax completed application packet (including Questions & Essay) along with applicant's transcript, most recent report card, and teacher evaluation to Rosalie Sauter: rsauter@rboces.org or fax: (845) 623-3412 by **application deadline: March 8, 2019.**

Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable college preparatory students, and if accepted into the program, will be working closely with a variety of professionals in a hospital or legal setting. Maturity and communication skills are extremely important.

Rate 1 (Low) to 5 (High) or choose "No Basis" (No basis to judge)	No Basis	1	2	3	4	5
Ease with Adults						
Attendance						
Academic Ability						
Self-Motivation						
School/Community Participation						
Verbal Skills						
Writing Skills						
Commitment						
Dependability						
Ability to Work Independently						
Maturity						
Ability to Get Along with Others						

Please provide a narrative with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material that you feel would be helpful in evaluating this applicant.

_____ Recommended _____ Not Recommended

Signature: _____ Date: _____

(Do not write below this line.)

_____ Accepted into NEW VISIONS program _____ School Notified _____ Date

_____ Not Accepted into NEW VISIONS program

Comments: _____

TEACHER EVALUATION OF APPLICANT (CONFIDENTIAL)

Program: New Visions Health

Name of Applicant: _____ School: _____

Applicant's Guidance Counselor: _____

To the Teacher:

The student named above is applying for the Rockland BOCES New Visions Health Careers Exploration program. This program takes top seniors from BOCES component schools who are interested in health careers, and places them in a medical setting during their senior year. Students work in various departments/offices at a medical facility alongside professionals. In addition, they will receive instruction for their Honors English 12 and Honors Social Studies 12 courses. They are also eligible to receive college credits for their coursework.

This program is very competitive. Your honest assessment of this student will be helpful in selecting the most deserving students for this opportunity.

Upon completion, please return this form to the student's guidance counselor. **Application deadline: March 8, 2019**

Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable college preparatory students, and if accepted into the program, will be working closely with a variety of adult professionals in a medical setting.

Rate 1 (Low) to 5 (High) or choose "No Basis" (No basis to judge)	No Basis	1	2	3	4	5
Ease with Adults						
Attendance						
Academic Ability						
Self-Motivation						
School/Community Participation						
Verbal Skills						
Writing Skills						
Commitment						
Dependability						
Ability to Work Independently						
Maturity						
Ability to Get Along with Others						

Please provide a narrative with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material that you feel would be helpful in evaluating this applicant.

Teacher's Name: _____ Subject: _____

Teacher's Signature: _____ Date: _____