

Application

The deadline for submitting all parts of this application is April 9th, 2021

Please turn in the completed application to Ms. Bruegger / Ms. Campbell LATE APPLICATIONS WILL NOT BE CONSIDERED

Name:	Student ID #:	Current Grade:
Home Address:		
Contact Phone:	Parent E-Mail:	
Required Essay Questions	lication, please answer all or elling. All answers should be m. nember of the Academy for t ngths and weaknesses? in yourself and what do you	f the questions below. Remember typed. Please attach your he Medical Arts? I like least and why?
The selection criteria will be based on the MEDICAL ACADEMY)		•
Grades/GPAConduct	AttendanceTesting Scores	Application ResponsesCourse History
•	3-block program or the EMR progra	0 th grade) and Health Science Foundations m. (Anatomy & Physiology Honors may be ade if needed).
Statement of Understanding I understand that this application does not understand that all decisions regarding ad and, as a result, are final.	=	emy for the Medical Arts. We also retion of the Assistant Principal for the AMA
Student Signature:		Date:
Parent Signature:		Date: