



## Application

The deadline for submitting all parts of this application is **April 3<sup>rd</sup> 2020**  
Please turn in the completed application to Ms. Bruegger / Ms. Campbell  
LATE APPLICATIONS WILL NOT BE CONSIDERED

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

### **Required Essay Questions**

**Directions:** As a part of this application, please answer **all** of the questions below. Remember to use correct grammar and spelling. All answers should be **typed**. Please attach your responses to this application form.

1. Why would you like to be a member of the Academy for the Medical Arts?
2. What are your academic strengths and weaknesses?
3. What quality do you like best in yourself and what do you like least and why?
4. Why should the AMA select you to be a member of the academy?

**The selection criteria will be based on the following: ( THIS CRITERIA IS ALSO USED FOR CONTINUING IN THE MEDICAL ACADEMY)**

- Grades/GPA
- Conduct
- Attendance
- Testing Scores
- Application Responses

### **Statement of Understanding**

I understand that this application does not guarantee acceptance into the Academy for the Medical Arts. Furthermore, this application authorizes AMA personnel to access the applying student's cumulative records. We also understand that all decisions regarding admittance into the AMA are at the discretion of the Assistant Principal for the AMA and, as a result, are final.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_