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|---|---|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Agreement/Ethics Forms       | <input type="checkbox"/> Copy of 3 <sup>rd</sup> MP Report Card |
| <input type="checkbox"/> Checklist        | <input type="checkbox"/> Copy of NJ ASK 7 Scores      | <input type="checkbox"/> Math Teacher Recommendation            |
| <input type="checkbox"/> Essay 1          | <input type="checkbox"/> Copy of Middle School Grades | <input type="checkbox"/> Science Teacher Recommendation         |
| <input type="checkbox"/> Essay 2          |   |   |

## OFFICIAL USE ONLY わねろみ

**Please type**

### *Student Information*

**Name:** \_\_\_\_\_ FIRST \_\_\_\_\_ LAST      **Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_      **Email:** \_\_\_\_\_ @ \_\_\_\_\_

**City:** \_\_\_\_\_      **Zip:** \_\_\_\_\_      **Gender:** Male \_\_\_ Female \_\_\_

**Date of Birth (mm/dd/year):** \_\_\_ / \_\_\_ / \_\_\_      **Middle School:** \_\_\_\_\_

**8<sup>th</sup> Grade Math Grade:**      **MP1:** \_\_\_\_\_      **MP2:** \_\_\_\_\_      **MP3:** \_\_\_\_\_

**8<sup>th</sup> Grade Science Grade:**      **MP1 :** \_\_\_\_\_      **MP2:** \_\_\_\_\_      **MP3:** \_\_\_\_\_

**NJ ASK 7<sup>th</sup> Math Score:** \_\_\_\_\_      **NJ ASK 7<sup>th</sup> Language Arts Score:** \_\_\_\_\_

### *Parent/Guardian Information*

**Guardian/Father's Name:** \_\_\_\_\_ FIRST \_\_\_\_\_ LAST

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_      **Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Guardian/Mother's Name:** \_\_\_\_\_ FIRST \_\_\_\_\_ LAST

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_      **Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Application Check List:**

**Before turning in this application**, be sure to include all of the following in your packet in this order:

- 1. Information Page (page 1)
- 2. Check List (page 2)
- 3. Typed Essay      01 *Autobiography* (from page 3)
- 4. Typed Essay      02 *Discuss an Idea* (from page 3)
- 5. Signed Formal Agreement/Ethics page (page 4 & 5)
- 6. Copy of 8<sup>th</sup> Grade 3<sup>rd</sup> Marking Period Report Card
- 7. Copy of 7<sup>th</sup> Grade NJ ASK Test results or equivalent standardized test
- 8. Copy of 7<sup>th</sup> grade final report card

*To be submitted separately by recommending teachers*

- 8th Grade Science Teacher Recommendation Form
- 8th Grade Math Teacher Recommendation Form

I have reviewed the checklist above and have included all necessary and appropriate application materials. All of the information submitted as part of my application is factual and truthful to the best of my knowledge.

\_\_\_\_\_  
Name of Applicant (please print/type)

\_\_\_\_\_  
Student's Signature

Include answers to each of the following essay prompts on separate piece of paper.

- Each response should be no longer than 1 page typed single-spaced using 12 pt. *Times New Roman* font.

### Essay 1)

Craft an autobiographical sketch which includes your personal background, aspirations, and scientific interests.

### Essay 2)

Discuss an idea in medicine, technology, or science that you find fascinating. Why does it intrigue you? You can choose a topic as general as a whole discipline or as specific as a particular problem, challenge, disease, career, or invention.

## Code of Ethics

Participation in the Medical Science Academy requires a high level of commitment from your high school, yourself, and your parents. This agreement acknowledges that you (the student) and your parents are entering into a relationship built on honesty, ethical behavior, open communication, and trust. All participants must adhere to the following list of guidelines:

- Students must be on good academic standing upon entering the academy and must maintain that standing throughout the program.
- Students are required to attend all classes. Any more than 10 unexcused absences per year may result in your removal from the program. The student has access to an appeal process to review extenuating circumstances of absences and tardies. During the appeal process, the student will continue to attend class. Arrangements will need to be made prior to an absence for all school and field placements.
- Students will behave in an ethical and professional manner at all times and represent his/her high school in a way that denotes dignity and respect.
- Students must politely accept feedback from instructors, advisors, administrators, and cooperating institutions and treat each situation as a positive learning experience.
- Students are required to immediately notify instructors, Medical Science Academy advisors, and high school counselor of problems and concerns while attending clinical education experiences.
- Students should be aware that clinical education cooperating institutions may require a drug test.
- Equipment provided by the Medical Science Academy must be treated with respect and returned at the end of the course in good condition. Lost or damaged books or equipment will result in replacement fines to be paid by the student.

### Clinical Education Expectations (4<sup>th</sup> year Requirement)

- The student is required to dress appropriately for their placement location. Specific information will be provided at time of placement.
- Your class attendance must be in good standing at your high school to be able to attend your clinical education experience.
- Students will be expected to make contact with their clinical education experience sponsor at least one week in advance of the date requesting of observation.
- Students and parents will need to read and sign the Confidentiality and Ethical & Legal Behavior form.
- Parents and students will need to read and sign the Parental Permission and Release of Liability form within one week prior to the clinical education experience date.
- Students are required to fulfill all academic assignments and requirements both related and unrelated to the clinical education experience program.

Please note that any and all discipline or ethical issues that arise will be handled in accordance with the Egg Harbor Township High School Student Handbook.

**The above information is in no way considered comprehensive and is subject to change at the discretion of the Egg Harbor Township Board of Education, Medical Science Academy Committee, or the Medical Science Academy Program Director.**

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

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

## Medical Science Academy Agreement Form

I, \_\_\_\_\_ (student), understand that to be accepted into the Medical Science Academy, I am agreeing to a commitment to the program. My long-term goal is to pursue employment or the study of one of the medical sciences. I also agree to the following conditions.

1. To uphold the standards of the program both in school as well as in any clinical education experience.
2. To maintain a good attitude and follow the honor code in the academy classes as well as other classes.
3. To contact the coordinator in case of any problems related to school and especially in the academy classes.
4. To complete any additional requirements of the Academy that goes beyond the normal scope of high school.
5. To adhere to the required course of study.
6. To maintain excellent attendance in school. (No more than 6 absences per semester. Skipping class is grounds for dismissal.)
7. To maintain at least an 80 average in both science and academy classes.
8. To attend special classes, meetings, or conferences that may be necessary to assure my success in the Academy. At least 80% attendance of the meetings is required. (See below for more info)
9. To participate in clinical education experiences during the senior year. This includes being responsible for transportation either by driving oneself or parent/guardian providing rides. Students will not be permitted to transport other students.
10. To understand that suspension or an administrative referral is considered a serious offense and will be considered grounds for removal.
11. To understand that if I do not continue enrollment in the Medical Science Academy I will forfeit Academy weighting for specific MSA courses previously and/or currently enrolled in.
12. To understand that should I not meet the above requirements, I will lose my place in the Academy.

\_\_\_\_\_ (Student Signature)

As a parent/guardian of the above student, I agree to be supportive of my son/daughter as he/she prepares to study for a career in the medical sciences.

\_\_\_\_\_ (Parent Signature)

### **Formal Agreement**

#### **Student/Parent Certification:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if selected for the Medical Science Academy, falsified statements may be grounds for dismissal. I understand that as part of the Medical Science Academy, field placements may require a drug test, insurance approval, tuberculosis (tb) test and/or a background check. I have read and signed the attached Code of Ethics and understand the level of commitment required, if selected.

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

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

**PLEASE RETURN YOUR COMPLETED APPLICATION PACKET to the main office in a sealed envelope labeled: 'Medical Science Academy Application'**