Date Received:	_
Applicant Number:	_
	ſ



NEW VISIONS HEALTH CAREERS EXPLORATION PROGRAM APPLICATION

Application Start Date: Monday, December 9, 2024 Application Deadline: Friday, February 14, 2025

Student's Full Name:	Cell:
Address:	
School Email Address:	
Personal Email Address:	
Home School:	School Counselor:
APPLICATION CHECKLIST	
Page 1 of Application Packet	
Application Questions & Essay (from Page 2)	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 February 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. In order to access the full benefits of the New Visions Health program, students that are accepted should provide their own transportation to classroom and workplace sites. However, transportation will be provided on a limited basis for students who are unable to provide their own.

APPLICATION PROCESS

- 1. Give the enclosed counselor evaluation to your school 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 school counselor.
- 3. Provide the information requested on the New Visions application (including answers to questions & essay on separate sheet) and return all to your school counselor to be submitted by application deadline: Friday, February 14, 2025.
- 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 have been selected to move forward to the interview portion of the application process. Interviews will be scheduled at that time.
- 6. All decisions will be emailed in May.

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.

New Visions Health

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 University 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: N	Jame of Cou	nselor: _				
GUIDANCE INFOR	RMATION					
(To be completed by school						
 Procedure: 1. Please complete this section of the application. 2. Scan completed application packet (including Quest recent report card, and teacher evaluation to Nicole February 14, 2025. 						
**************	******	*****	*****	*****	*****	****
Please rate the applicant in the following areas. Keep in college preparatory students, and if accepted into the professionals in a hospital or legal setting. Maturity and Rate 1 (Low) to 5 (High) or choose "No Basis" (No basis to judge)	ne program	, will t	e work	ing clos	sely with	h a variety o
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 to add any additional feedback that you feel would be						eas. Feel free
Recommended Not Recommended Signature:		Date:				

TEACHER EVALUATION OF APPLICANT (CONFIDENTIAL)

Name of Applicant:	School:					
Applicant's School Counselor:						
To the Teacher: The student named above is applying for the Rockland Bo This program takes top seniors from BOCES component in a medical setting during their senior year. Students wor alongside professionals. In addition, they will receive institutions 12 courses. They are also eligible to receive colle competitive. Your honest assessment of this student will opportunity. Upon completion, please return this form to February 14, 2025.	schools who rk in various truction for ge credits fo be helpful ir	o are interest departrest their Hoor their constants are the transfer are t	erested in ments/off nors Eng coursewong the mo	n health care at a region of the second terms	areers, an medical f nd Honors orogram is ring stude	d places them acility s Social s very ents for this
***************	*****	*****	*****	*****	*****	*****
Please rate the applicant in the following areas. Keep in min college preparatory students, and if accepted into the program 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 to add any additional feedback that you feel would be h					oove area	as. Feel free
Tanahaw'a Nama	G. 1	:4				
Teacher's Name:	Sub	ject:				
Teacher's Signature:	Da	te:				