



## New Visions: Medical Professions

### Student Application

Student's Name \_\_\_\_\_

Home School \_\_\_\_\_

Counselor \_\_\_\_\_

Date of Application \_\_\_\_\_

For New Visions Faculty Use

Interview Date \_\_\_\_\_

Confirmation Sent \_\_\_\_\_

**To the Applicant:**

By taking this first step into the NewVisions: Medical Professions program, you are demonstrating that you are a motivated and mature high school junior who may be up to the academic challenge of learning in a professional career environment. Completing the application process in a thorough manner is key to beginning the New Visions experience. You will find the steps for application below.

**Step One:**

- Complete the personal information page of the application and submit the application to your home school counselor by the assigned deadline.
- Your home school counselor will complete the counselor recommendation and enclose a copy of your high school transcript and current report card.
- Your home school counselor will submit the application to the Regional Education Center school counselor, Ms. Townsend.

**Step Two:**

- Your application will be reviewed by the New Visions faculty, administration, and staff for eligibility consideration.
  - If you are academically eligible, an interview will be scheduled and conducted by the New visions faculty on-site at the Regional Education Center.
- \*Please be sure to check the email you provided on your application and have a working voicemail as you will be contacted directly to set up an interview time.**

**Step Three:**

- You will be notified of your acceptance status before the end of the school year.

**To the Counselor:**

1. Please complete the counselor section on page 3 of this application.
2. Provide the applicant's transcript including grades for 11th grade courses in progress.
3. Send completed application to: Daisy Townsend, Cayuga-Onondaga BOCES, 1879 West Genesee Street Road, Auburn, NY 13021

**Checklist:**

- |   |   |
|---|---|
| <input type="checkbox"/> Personal Application | <input type="checkbox"/> High School Transcript |
| <input type="checkbox"/> Counselor Evaluation | <input type="checkbox"/> Current Report Card    |

### **Student Personal Information**

Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Guardian Phone # \_\_\_\_\_  
\_\_\_\_\_ Student Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
How did you hear about the New Visions: Medical Professions program? \_\_\_\_\_  
\_\_\_\_\_

### **Personal Information Questions:**

Please respond to the following questions. Responses should be typed on a separate sheet of paper and then attached to this application. Responses should be no more than one paragraph for each question.

1. Give an example of a life learning opportunity that you have taken advantage of that prepared you for the New Visions program.
2. Discuss a time when you tried to reach a goal or complete a task that was highly challenging, difficult, or frustrating.
3. What makes a team function successfully? Provide an example of a time you showed strong teamwork skills.
4. List 3 character traits you possess and discuss how each one makes you a good fit for the New Visions: Medical Professions program.

### FOR SCHOOL COUNSELOR USE ONLY

Students interested in New Visions apply for the program in the spring of their junior year and should:

1. Be eligible for graduation the following year
2. Have successfully completed a rigorous high school academic program
3. Plan to attend a post-secondary institution

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, will be working closely with a variety of professionals in a community setting. Maturity and communication skills are extremely important.

		LOW			HIGH	
	NO BASIS TO JUDGE	1	2	3	4	5
EASE WITH ADULTS						
ABILITY TO WORK INDEPENDENTLY						
ABILITY TO WORK IN A GROUP						
ABILITY TO GET ALONG WITH OTHERS						
ABILITY TO WORK INDEPENDENTLY						
ABILITY TO WORK IN A GROUP						
ABILITY TO GET ALONG WITH OTHERS						
ABILITY TO WORK INDEPENDENTLY						
ABILITY TO WORK IN A GROUP						
ABILITY TO GET ALONG WITH OTHERS						
ABILITY TO WORK INDEPENDENTLY						
ABILITY TO WORK IN A GROUP						

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

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☐ **Recommended**

☐ **Not Recommended**

Signature \_\_\_\_\_

Date \_\_\_\_\_