

Neptune High School
Option II Programming
Application for Experiential Learning for
***JumpStart* Medical Science Academy**
School Year 2018-2019
DUE BEFORE APRIL 27, 2018

Student Name: _____
Current Grade: _____
Current Homeroom: _____

PERSONAL INFORMATION

ADDRESS: _____

DATE OF BIRTH: _____

Student EMAIL: _____

PARENT/GUARDIAN NAME: _____

Parent EMAIL _____

PHONE #1 _____ **PHONE#2** _____

EMERGENCY CONTACT NAME: _____

PHONE: _____

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1. What are your career goals?

2. List your favorite subject(s) in school

3. List your interests/activities outside of school. Would these activities interfere with your participation in the Jump Start Academy?

4. List any experiences (paid or volunteer) you have had in the field of medicine.

ESSAY

On a separate piece of paper, please write a composition of approximately 250-300 words on one of the following topics:

1. How did you become interested in the medical field, and why would a medical career be a good fit for you?

2. Discuss a current medical or health issue facing society and its proposed solutions.

Essays will be evaluated on overall presentation, clarity, grammar and creativity.

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Student/Family Commitment

I understand that if accepted to this *JumpStart* Medical Science Academy, I will be expected to meet all expectations of the specific Experiential Learning activities assigned. I understand this includes maintaining a digital portfolio of my activities, participating in a various scheduled activities, and completing required independent work. Upon successful completion I understand I will receive an academic numerical grade, and 2.5 credits. If I do not successfully complete this Experiential Learning experience, I will receive no credit or grade.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Approvals

JumpStart Academy Coordinator Signature: _____ Date: _____

Option II Review Committee

Approved

Denied