

## Application for Admission to the Health Science Academy Return completed application to GCHS

Student Name:			Date:	
	(Last Name)	(First Name)		
Current School:  Student ID#:  Address:		Boundary School	l:	
		Grade entering in	n Fall: 9 10 11 12 (circle one)	
		Apt. #:		
City, State: _		Zip Code:		
Parent/ Guardian Phone Number:		Stude	Student's Date of Birth:	
Parent/ Guardia	an Name:			
(Last Name)		(Fi	(First Name)	
	an Signature:			
Write a short pa	aragraph on the following:		Drop Off or Mail To:  Greeley Central High School	
a. What ar	e your interests in healthcare?		1515 14th Avenue	
b. What makes you the best candidate for this program?			Greeley, CO 80631	
c. Please describe your goals and plans for your future after graduation?				