



## **Application Procedures**

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- 2. Submit a typewritten essay for Section II**
- 3. Have parent/guardian complete Section III**
- 4. Obtain signatures for Section IV**
- 5. Include 3 recommendation forms:**
  - One from someone within school
  - One from someone outside of school
  - One from your choice (an adult who is not a relative)

**Please Return to Holmen High School by April 1<sup>st</sup>!**

# Student Application *for* Ag Science Academy

## I. BACKGROUND INFORMATION *(to be completed by the applicant)*

Applicant Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle Initial Month Day Year  
Address \_\_\_\_\_  
Rural Route or Post Office Box City State Zip  
Phone Number \_\_\_\_\_ Counselor's Name \_\_\_\_\_  
Area Code Number  
Graduation Year \_\_\_\_\_ Cum. GPA \_\_\_\_\_

Do you currently have a valid driver's license? \_\_\_\_\_yes \_\_\_\_\_no

*Please list the following information to assist us in evaluating your application for the Ag Science Academy. If additional space is needed, please use the back.*

### A. Career Goals

Which of the following best indicates your career goals at this time (we know that goals can change)

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 I plan to enter the military immediately after graduation from high school.  
 I plan to obtain a degree from a two-year technical college immediately after high school.  
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### B. Volunteer or Community Service Activities

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Organization or Type of Activity Date  
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Organization or Type of Activity Date

### C. Work Experiences, Special Training Programs, and Related Educational Coursework

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Activity or Employer Date  
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Responsibility Date  
\_\_\_\_\_  
Responsibility Date

**II. APPLICANT ESSAY**

*On a separate piece of paper, please explain why you are applying for the Ag Science Academy and why you think you should be selected. Please do not exceed one typewritten page.*

**III. PARENT/GUARDIAN INFORMATION (to be completed by the applicant's parent/guardian)**

Parent/Guardian's Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Rural Route or Post Office Box City State Zip

Home Phone Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Name of Person with Whom Applicant Resides \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Rural Route or Post Office Box City State Zip

*Why would your child be a good candidate for the Ag Science Academy and how are you willing to support your child's involvement in the program? (use a separate piece of paper if necessary)*

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**IV. CERTIFICATION**

*Please sign and date this application.*

***"I certify that the facts contained in this application are true and complete to the best of my knowledge and that this applicant has not been adjudged delinquent for behavior that would constitute a violation of criminal law in an adult court."***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**RETURN THIS FORM TO YOUR SCHOOL'S STUDENT SERVICES OFFICE BY  
MARCH 1st**

# RECOMMENDATION



**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

<b>Personal Work Habits</b> <small>(How person approaches daily obligations.)</small>	<b>5</b> <b>Excellent</b>	<b>4</b> <b>Above Average</b>	<b>3</b> <b>Average</b>	<b>2</b> <b>Below Average</b>	<b>1</b> <b>Poor</b>
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<b>Communication Skills</b> <small>(written, verbal, listening)</small>					
<b>Ability to Work Independently</b>					
<b>Ability to Handle Rigorous Curriculum</b>					

*Please provide any additional explanation of the ratings above.*

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\_\_\_\_\_  
**Name of Evaluator (please print)      Title**

\_\_\_\_\_  
**Relationship to candidate                      Daytime Phone**

\_\_\_\_\_  
**Signature    Date**

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Do you currently have a valid driver's license? \_\_\_\_\_yes \_\_\_\_\_no

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Organization or Type of Activity Date  
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