Academy Use ONLY: ACCEPT: \_\_\_\_\_\_\_\_\_\_\_\_\_ REJECTED: \_\_\_\_\_\_\_\_\_\_\_\_\_ Score: \_\_\_\_\_\_\_\_\_



Bedford County

Governor’s Health Sciences Academy Application

Completed Application packets must include the following:

 Please use black or blue ink

\_\_\_\_ Completed Application (Submitted to BSTC)

\_\_\_\_ Three Teacher Recommendations (one must be science)

 Given to : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Counselor Report

 Name of Counselor:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for Admission

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone (cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Base School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate which career Pathway you are applying for:

Answer the Questions below:

1. Describe your future career goals and how you feel the Governor’s Health Sciences Academy can help you meet them.
2. Why do you want to be accepted as a student in the Governor’s Health Sciences Academy?
3. List any extracurricular activities, projects, programs, or community service activities you have participated in and the associated organizations.



1. Please feel free to provide any additional information you would like considered when reviewing your application.

To the best of my knowledge, the information on this application is accurate and represents my person point of view.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bedford County Public Schools does not discriminate on the basis of race, color, national origin, sex, or disability in its programs, activities, or employment practices as required by Title VI, Title IX, and Section 504.