



**Student Application Form
Healthcare Careers Institute
School Year 2023-2024/2nd Semester 2024**

Name:

Graduation Year:

Address:

Mobile Phone #:

Personal E-mail address:

School:

Guidance Counselor:

Date of Birth:

Career Interest:

Emergency Contact Name:

Emergency's Contact Relation to you:

Emergency Contact Phone Number:

Emergency Contact Email:

Please attach the following to this completed document:

1. A current resume listing all activities in school, community, and part-time work
2. A one-page typed essay reflecting how your interest in healthcare evolved and how you feel this program will help you with your future
3. **Unofficial** transcript
4. **Two- Teacher** recommendations with one being a Science Teacher- Please send your teacher an email with the attached Teacher Evaluation Form
5. Please complete the information above with your personal information and include it with your materials

Due Date for all materials including teacher recommendations is Tuesday, March 7, 2023

Questions

Contact Angie Austin

aaustin5@wellspan.org

717-709-4755

Teacher Evaluation Form

Health Careers Institute Program with WellSpan Health

Thank you for taking the time to fill out this evaluation form for the student wanting to participate in the Healthcare Careers Institute Program. (H.C.I.) The Healthcare Careers Institute Program is a **rigorous** health career exploration program for those students interested in healthcare. It is a selection process. Selected students will be graded on course work, attendance, work ethic, and essential skills. **Your evaluation will be kept private.**

Teacher Name _____
 Subject you teach _____
 Student's Name _____
 How long have you known this student _____
Did you or do you now have the student in class?

If you did have the student, when did you? _____

Rate the student in the following categories with
5- Excellent, 4 -Very Good, 3 -Good, 2- Fair, 1- Poor

	#'s in this column
Responsible	
Maturity	
Gets Homework assignments in on time	
Self-Motivated	
Leadership Qualities	
Attendance	
Work Ethic	
Written and Oral Communication Skills	
Interpersonal Skills	
Personal Appearance	
Total Points	

Teacher Name _____ Date _____

Email Address _____

Best Contact Number if needed _____

Please send your private evaluation to my email which is aaustin5@wellspan.org
Please contact Angie Austin @ 717-709-4755 with your questions

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