



# Health Science 1 Program Application 2024-25

Flat Rock

Grosse Ile

Wyandotte

1. Complete Section I II and III.
2. Provide a referral form to a core curriculum teacher, science preferred.
3. Return completed application and essay to your school counselor to complete Section IV. Counseling will attach the most current transcript, attendance record, and recommendation form, then submit to DCTC.
4. **Applications are due on or before April 12, 2024. Late applications may be wait listed.**
5. Recommended minimum GPA is 2.5 - 3.0 depending on location of placement.
6. Recommended minimum grade of 2.0 in Biology and Algebra 1.

## **Section I - Completed by student**

Date: \_\_\_\_\_ Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name (first, middle and last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email addresses:  
(school issued) \_\_\_\_\_

(personal email) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### STATEMENT OF COMPLIANCE

The Downriver Career Technical Consortium complies with all federal laws and regulations of the U.S. Department of Education. It is the policy of the Downriver Career Technical Consortium that no person on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, disability or limited English proficiency shall be discriminated against or excluded from participation in any program or activity to which it is responsible or for which it receives financial assistance from the U.S. Department of Education. Furthermore, the consortium will encourage participation by all of the above.

Adopted by the Downriver Career Technical Consortium  
November 23, 1982

**Section II Policy Agreements– Must be read, initialed & signed by both the parent and student.**

**I understand that:**

          /            
Parent/Student Initial

Upon acceptance, a mandatory Health Science orientation will be required. Dates and specifications vary by instructor .

          /            
Parent/Student Initial

Consistent attendance is important for success in this program. First year attendance is factored in when determining second year placement.

          /            
Parent/Student Initial

Poor grades and attendance can result in removal from the program at anytime during the school year.

          /            
Parent/Student Initial

Health Science II placement is subject to instructor approval .

          /            
Parent/Student Initial

I am accountable for understanding the rules and regulations of DCTC and the school at which I will be placed for this program, and will abide by them.

          /            
Parent/Student Initial

If I am selected for an off site location, I am responsible for providing my own transportation.

**I certify that that I have read and understand the statements listed above, and that all contact information has been provided and is accurate.**

Student Name (printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III - Student Essay-** In no more than 250 words, provide a personal statement explaining your motivation in pursuing a career in Health Sciences. Include any additional information (memberships, awards, activities, etc.) that may help with selection.

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**Section IV- To Be Completed by Counseling**

Confirm that this application is complete and includes the following:

- Copy of most recent transcript
- Record of YTD attendance
- All signatures have been provided
- Student Essay
- Completed Program Referral Form

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

Completed applications must be submitted to Barb Ratusznik [bratusznik@dctcschools.org](mailto:bratusznik@dctcschools.org) by **April 12, 2024**

**Section V- To Be Completed by DCTC**

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Date Received \_\_\_\_\_ Application Status \_\_\_\_\_

Grade Level in 2024-25	Cumulative GPA	BIO	ALG	YTD Attdnt.
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### Health Science I Program Referral Form 2024-25

As criteria to enter the 1st year Health Science program, \_\_\_\_\_ must provide **current teacher references**. Please complete the form below. Thank You.

1. Length of time you have known this student and in what capacity? \_\_\_\_\_

2. Please evaluate the student by placing an "X" in the appropriate area:

	Above Average	Average	Below Average
A. The student has the ability to get along with others on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The student can be counted on (trustworthy) and is dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The student takes initiative, is motivated and can work with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The student has the ability to influence without authority & displays leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The student has the ability to adapt to change & is open to different viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. The student displays punctuality on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. The student follows classroom rules/policies and is conscientious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please add any comments, which will aid in evaluating the applicant's ability to work directly with patient care:

4. Would you hire this student? Why or why not?

5. Please indicate the strength of your overall recommendations by placing an "X" below. The recommendation status is based on the number of Above Average, Average, and Below Average responses that were selected above.

**Note: This reference is completely confidential. We ask that you answer all questions as honestly as possible.**

**RECOMMENDED STATUS (mark appropriate box):**

NOT RECOMMENDED	RECOMMENDED	HIGHLY RECOMMENDED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-4 Above Average Checks	5 Above Average Checks	6-7 Above Average Checks

**Course Taught to Applicant:** \_\_\_\_\_

**Name (printed)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_