



# CONNECTIONS ACADEMY APPLICATION

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Students selected for the [Connections Academy](#) will be given a unique opportunity to develop employability skills, experience first-hand various businesses/organizations within West Michigan, receive assistance with making education and employment plans after High School, and earn 4 transferrable college credits. Students must be able to start this experience in the Fall of 2013 as a Junior.

PLEASE PRINT CLEARLY

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address: Number and Street

\_\_\_\_\_

City, State, and Zip

\_\_\_\_\_

Cell Number

\_\_\_\_\_

Home Phone Number

\_\_\_\_\_

Age

\_\_\_\_\_

Birth-Date

Gender:  M  F

Primary Language Spoken in Your Home: \_\_\_\_\_

Which High School do you attend? \_\_\_\_\_

What is your current grade point average (**NOTE: Minimum GPA of 2.0 for the Program. Students with a GPA of 2.5 or higher will be eligible for college credit**)? \_\_\_\_\_

Which After-School, Extra-Curricular Activities or Sports are You Currently Involved In (Participation in the Program will Limit Involvement in Extra-Curricular Activities)?

\_\_\_\_\_

\_\_\_\_\_

Are you employed?  N  Y If so, where? \_\_\_\_\_

Do you have transportation daily? \_\_\_\_\_

*NOTE: If you do not have transportation of your own, it will be provided.*





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## STUDENT/PARENT AGREEMENT FORM

Acceptance into the the **Connections Academy** brings with it certain responsibilities for the student, parent/guardian and the partnering companies/organizations. The **Connections Academy** will offer a variety of opportunities for academic and personal development. Meeting these requirements listed below is essential to success in the program. Responsibilities for the student will include, but are not limited to:

- On August 22nd & 23rd - Attend an Orientation from 9:00 - 2:30 each day.
- During the Fall and Winter semesters of the Junior year – Attend an after-school program at the partnering business/organization site two days a week from 3:30 - 5:30. Transportation will be provided.

### General Program Requirements:

- Adhere to proper dress code
- Attendance & participation
- Professional behavior
- All regular school work is maintained
- Positive behavior

\*\*\*If these responsibilities are not met, program membership will be terminated.\*\*\*

### Student Statement of Commitment:

I have reviewed with my parent(s)/guardian the Connections Academy expectations and responsibilities as listed above. I accept them as a condition of participation in the Connections Academy, and furthermore, will prioritize my daily planning to accommodate these responsibilities. I also give my permission for the Connections Academy staff to obtain any of my academic or personal records which are deemed necessary to assist me before, during or after my selection for participation in the program.

Printed Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

### Parental/Legal Guardian Statement of Student Support:

I hereby grant permission for my son/daughter to participate in the Connections Academy and agree to encourage and expedite my son/daughter's efforts to meet the participation requirements established above. I also give my permission for the Connections Academy staff to obtain my son/daughter's academic or personal records that are deemed necessary to assist him/her before, during or after selection in the program. I understand that my signature means that I assume responsibility for his/her care and conduct while participating in the Connections Academy.

Printed Name of Parent/Guardian: \_\_\_\_\_

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



# CONNECTIONS ACADEMY APPLICATION

## TEACHER RECOMMENDATION FORM I

You may use this recommendation form or submit a full letter of recommendation - either will suffice.

Recommender's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Position of Recommender: \_\_\_\_ Teacher \_\_\_\_ Counselor \_\_\_\_ Other

Please explain how you know this individual:

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

Please check the sections that apply to this applicant.

Applicant demonstrates dependability and honesty. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant works well with others. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant works diligently. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant takes initiative. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant meets deadlines. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant demonstrates professionalism. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

What are the first words that come to mind to describe this student academically?

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

What are the first words that come to mind to describe this student personally?

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

Printed Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

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



# CONNECTIONS ACADEMY APPLICATION

## TEACHER RECOMMENDATION FORM 2

You may use this recommendation form or submit a full letter of recommendation - either will suffice.

Recommender's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Position of Recommender: \_\_\_\_ Teacher \_\_\_\_ Counselor \_\_\_\_ Other

Please explain how you know this individual:

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Please check the sections that apply to this applicant.

Applicant demonstrates dependability and honesty. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant works well with others. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant works diligently. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant takes initiative. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant meets deadlines. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

Applicant demonstrates professionalism. \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ seldom \_\_\_\_ n/a

What are the first words that come to mind to describe this student academically?

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What are the first words that come to mind to describe this student personally?

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Printed Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

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