



J.W. MITCHELL HIGH SCHOOL ACADEMY FOR THE MEDICAL ARTS APPLICATION

The deadline for submitting all parts of this application is **Friday, April 2, 2010 at 3PM.**
Please submit this application to **Ms. Schultz**, Assistant Principal for the Academy for the Medical Arts.

NAME: _____ STUDENT ID #: _____

HOME ADDRESS: _____

CONTACT PHONE: _____ PARENT E-MAIL: _____

Students not zoned for J.W. Mitchell High School must apply for School Choice through the District Office.

REQUIRED ESSAY QUESTIONS

DIRECTIONS: As a part of this application, please answer **all** of the questions below. Remember to use correct grammar and spelling. All answers should be typed. Please attach your responses to this application form.

1. Why would you like to be a member of the Academy for the Medical Arts?
2. What are your academic strengths and weaknesses?
3. What quality do you like best in yourself and what do you like least and why?
4. Why should the AMA select you to be a member of the academy?

THE SELECTION CRITERIA WILL BE BASED ON THE FOLLOWING:

- Grades/GPA
- Conduct
- Attendance
- FCAT Scores
- Application Responses

STATEMENT OF UNDERSTANDING

I understand that this application does not guarantee acceptance into the Academy for the Medical Arts. Furthermore, this application authorizes AMA personnel to access the applying student's cumulative records. We also understand that all decisions regarding admittance into the AMA are at the discretion of the Assistant Principal for the AMA and, as a result, are final.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____