



Oakmont Health Careers Academy Application

Please answer each of the questions completely. Continue any answer on the back if you run out of space. Your answers will help us prepare for your interview and help us determine which students will most benefit from the academy experience. Please return your completed application to the Student Services window in the front office or to the Academy Office, room 202.

*Your application is due **February 10.***

Name: _____

Phone: _____

E-mail: _____(optional)

1. Why do you want to join the academy? _____

2. Are you interested in a healthcare career? Which? Why? _____

3. In what other school activities do you participate? Do you work? _____

4. Do you prefer to work alone or as part of a team? Why? _____

5. What subjects do you like most/least? Why? _____

6. When you struggle with a subject or task, what do you do? _____

7. How would you rate your academic performance at Oakmont so far? How can the academy help you to improve or continue your success? _____

8. What do you want to do after high school? If college, why and where? _____
