

SCHUYLKILL TECHNOLOGY CENTER

North Campus
 101 Technology Drive
 Frackville, PA 17931
 Ph: (570) 874-1034 • Fax: (570) 874-4028



South Campus
 15 Maple Avenue
 Mar Lin, PA 17951
 Ph: (570) 544-4748 • Fax: (570) 544-3895

2020- 2021 APPLICATION FOR ADMISSION- EMERGING HEALTH PROFESSIONAL (APPLICATION DEADLINE IS February 26, 2021)

Last Name	First Name (Full name/ No nicknames)	MI	Student's Cell Number
Home Address		City	Zip
Home Phone Number	Date of Birth	Gender (Check one) Male <input type="checkbox"/> Female <input type="checkbox"/>	District:

STUDENT CONTACT INFORMATION: TO BE COMPLETED BY PARENT/ GUARDIAN

<p>PRIMARY CONTACT: Does the Student Reside with Primary Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> Parent(s) Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Title: (Check one) Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Name of Primary Contact: _____ Address : _____ Home Phone Number: () _____ Cell Number () _____ Work Number & Ext () _____ Email: _____ Does the Primary Contact have educational/ correspondence rights? Y N Is the person active duty military member? Y N</p>	<p>Secondary CONTACT: Does the Student Reside with Secondary Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> Parent(s) Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Title: (Check one) Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Name of Primary Contact: _____ Address : _____ Home Phone Number: () _____ Cell Number () _____ Work Number & Ext () _____ Email: _____ Does the Primary Contact have educational/ correspondence rights? Y N Is the person active duty military member? Y N</p>
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Admissions Agreement – To be signed by parent and student.

Choosing to attend Schuylkill Technology Center (STC) requires making an informed and responsible career decision. A student's success and continued enrollment will depend on the following:

1. Regular Attendance- You will be required to be prompt and attend regularly as per STC School Attendance policy.
2. Positive Behavior and Self-Discipline- You are required to work cooperatively with all staff and students demonstrating respect and self-control at all times.
3. Effort and Safety- You will be required to participate actively in all educational activities as directed by the teacher, achieve to the best of your ability, and adhere to all safety rules and regulations. Furthermore, you agree not to attempt any procedure, use any tools/ equipment or handle any supply or material without proper training and the approval of the assigned teacher.
4. Financial Requirement- You may be required to purchase certain items that uniquely pertain to your particular program (e.g. personal safety equipment, clothing and/or selected tools). Students are responsible for the cost of all PSU college credits and any additional fees which may include required textbooks, fees, etc.
5. Participates are responsible for their own transportation to all sites, including but not limited to Penn State Schuylkill and within the Lehigh Valley Health Network..

Both the student and the parent agree to the aforementioned requirements and acknowledge the failure to comply may result in the removal from STC.

<i>I am committed to admissions agreement and request admissions to STC</i>	
<i>Student Signature</i>	<i>Date</i>
<i>I have examined the information on the application & agree with the program selection requested.</i>	
<i>Parent Signature</i>	<i>Date</i>

**Have you been a Schuylkill Technology Center student previously? Yes No. If yes, which program _____

Program Requirements	
Program Eligibility	Requirements
<p>Students who want to apply must:</p> <ul style="list-style-type: none"> Attend a participating Schuylkill County school district Be entering their senior year Have an overall GPA of 3.0 or better Have completed one year of high school biology and chemistry with a grade of 3.0 or better Have an excellent attendance record Have written recommendations from a high school guidance counselor and one chemistry or biology teacher Successfully complete an interview Must maintain an overall GPA 3.0 or better after acceptance into the program. 	<p>Students who have met all of the requirements and are accepted into the program must:</p> <ul style="list-style-type: none"> Present a health certification signed by a health care professional (physician, physician assistant or nurse practitioner; a chiropractor will not be accepted) Complete tuberculosis (TB) questionnaire and TB testing, as required for shadowing Complete required orientation paperwork Pay initial deposit fee Commit to the entire, school-year long program

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Write a brief paragraph responding to the following questions:

Please describe your reasons for wishing to participate in the Emerging Health Professionals program. Please include your long-range educational and career goals.

Summarize special skills and qualifications you have acquired from employment, volunteer work that will help you in your career path

Extracurricular activities you are involved in:

The Schuylkill Intermediate Unit does not discriminate on the basis of race, color, national origin, sex, disability, or age or Boy Scouts and other youth groups in its career and technical education programs or activities. For information regarding civil rights, grievance procedures, or access, contract the Title IX Coordinator/ Section 504 Coordinator: Dr. Gregory Koons, Executive Director, 17 Maple Avenue, Mar Lin, PA 17954 {Telephone number (570)544-9131 – Fax number (570)544-6412}.

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Home School Counselor Section

To be a completed application, please make sure application is complete (signatures and attachments) before sending to Schuylkill Technology Center. All incomplete applications will be returned to home school.

Last Name	First Name (Full name/ No nicknames)	MI
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Has the student been a previous STC Student? Yes No If yes, which program: _____

PA Secure ID	Current Grade:		
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Curriculum Type:

- Regular District Special Education I.U. Special Education: MAC SLA
 English Language Learner Home Language: _____ Cyber/ Charter School: _____

Child Accounting Information:

Is the student Hispanic, Latino or of Spanish origin? Yes No

Racial/ Ethnic Category:

- American Indian/ Alaskan Native Asian Black (Non-Hispanic)
 Native Hawaiian/ Pacific Islander White (Non-Hispanic) Mutli- Racial

Resident Pupil/ Non Resident Category:

- Foster Home (1305) Homeless: Accompanied/ Unaccompanied Group Home (1306)

Current Year Attendance/ Discipline:

Number of days absent: _____ Number of ISS _____ Number of OSS _____

Sending School Counselor List of Attachments

- Transcript for grade(s) completed to current year Current Career Plan
 Recommendation letters: Guidance / Chemistry Biology Teacher Current IEP/ 504 Plan
 PSU non-degree application (hardcopy/ print out of online submission)

Home School Guidance Signature:	Date:
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For Schuylkill Technology Center use only:

Enrollment Date:	Program Name:	
STC Checklist of items received:		
<input type="checkbox"/> Transcript	<input type="checkbox"/> Attendance record	<input type="checkbox"/> PSU non-degree application
<input type="checkbox"/> Written recommendation	<input type="checkbox"/> Guidance	<input type="checkbox"/> Chemistry/ Biology Teacher
STC Guidance Signature:	Date:	