



Frederick High School

Bio Medical Program

2016-2017 Application

Checklist:

Please mark off each item below once it's been completed.

- | | |
|---|--|
| <input type="checkbox"/> Bio Application | <input type="checkbox"/> Innovation Task |
| <input type="checkbox"/> Science Teacher Recommendation | <input type="checkbox"/> General Teacher Recommendation |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Attendance Record – Complete Year |

Deadline: Application must be received by March 4, 2015

Step 1: Personal Information

Full Name: _____ Birthdate: _____ Gender: _____

Street Address: _____ City: _____ Zip: _____

Student #: _____ Parent/Guardian Names: _____

Home Phone: _____ Cell: _____ Email: _____

Current School: _____ School District: _____

Office Use Only.

Date submitted: _____ App. IT Rec 1 Rec 2 Trans AR

Middle School: _____

Decision: Accept Waitlist # _____ Decline

Step 2: Innovation Task

Choose One:

1. Describe what a 21st century physical education program should look like.
2. Explain the innovations you see happening that would help students experience longer and healthier lives.

Step 3: Recommendation Forms

Attached are two recommendation forms. One needs to be completed by your math or science teacher. A teacher of your choosing can complete the other. The completed letters need to be faxed or mailed to Frederick High School.

Step 4: School Records

Include an unofficial copy of your current transcript and at least a year's attendance record.

Step 5: Submitting the Application

Mail or Deliver to:
Frederick High School Bio Medical Program
Attn.: APPLICATION
5690 Tipple Parkway
Frederick, CO 80504

Frederick High School Bio Medical Program

Current Science Teacher Recommendation for 2015-2016 Bio Med Program

Printed Student Name: _____ Current School: _____

All information will be kept confidential.

What is the name of the class(es) in which you've had this student? _____

Please rank this applicant's abilities. 5 = Exceptional (Top 5%), 4 = Excellent (Top 10%), 3 = Average, 2 = Fair, 1 = Poor, N = Not Sure

1. Demonstrates academic ability.	5	4	3	2	1	N
2. Follows through on work.	5	4	3	2	1	N
3. Driven by curiosity.	5	4	3	2	1	N
4. Willing to take reasonable risks.	5	4	3	2	1	N
5. Responsible.	5	4	3	2	1	N
6. Generates questions on his or her own – questions the common or unusual.	5	4	3	2	1	N
7. Approaches difficult problems with ingenuity.	5	4	3	2	1	N
8. Functions well within a team.	5	4	3	2	1	N
9. Self-directed; requires a minimum of adult direction and attention.	5	4	3	2	1	N
10. Able to plan and organize activities, direct actions, and evaluate results.	5	4	3	2	1	N
11. Completes high quality work as directed and on time.	5	4	3	2	1	N
12. Attends class regularly.	5	4	3	2	1	N
Overall recommendation of this applicant	5	4	3	2	1	

Please share your candid opinions about this student's ability to be successful in a Bio Medical Program.

Thank you for your time!

Evaluator's Printed Name: _____ Evaluator's Signature _____ Date: _____

Please return to:

**Frederick High School Bio Medical Program
Attn: Application
5690 Tipple Parkway
Frederick, CO 80504**

or you may fax to:

(720) 494-3887

Recommendation must be RECEIVED by March 6, 2016

Frederick High School

Bio Medical Program

Teacher Recommendation for 2015-2016 STEM Program

Printed Student Name: _____ Current School: _____

All information will be kept confidential.

What is the name of the class(es) in which you've had this student? _____

Please rank this applicant's abilities. 5 = Exceptional (Top 5%), 4 = Excellent (Top 10%), 3 = Average, 2 = Fair, 1 = Poor, N = Not Sure

1. Demonstrates academic ability.	5	4	3	2	1	N
2. Follows through on work.	5	4	3	2	1	N
3. Driven by curiosity.	5	4	3	2	1	N
4. Willing to take reasonable risks.	5	4	3	2	1	N
5. Responsible.	5	4	3	2	1	N
6. Generates questions on his or her own – questions the common or unusual.	5	4	3	2	1	N
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8. Functions well within a team.	5	4	3	2	1	N
9. Self-directed; requires a minimum of adult direction and attention.	5	4	3	2	1	N
10. Able to plan and organize activities, direct actions, and evaluate results.	5	4	3	2	1	N
11. Completes high quality work as directed and on time.	5	4	3	2	1	N
12. Attends class regularly.	5	4	3	2	1	N
Overall recommendation of this applicant	5	4	3	2	1	

Please share your candid opinions about this student's ability to be successful in a STEM Program.

Thank you for your time!

Evaluator's Printed Name: _____ Evaluator's Signature _____ Date: _____

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