

Mayfield Jr. Sr. High School

Hamilton-Fulton-Montgomery (HFM) BOCES Application
CAREER & TECHNICAL EDUCATION CENTER (CTC) PROGRAM

Name: _____

Date of Application: _____

Address: _____
Street

Phone: (____) _____

City _____ State _____ Zip _____

DOB: _____

Program of Interest: _____

Recommendations: Please list two MCS faculty members who would support your participation in the HFM BOCES CTC program. **Please check with each person to ensure his or her willingness to complete this recommendation form for you.**

Teacher: _____

Teacher: _____

Essay: On a separate piece of paper, please write an essay of at least 150 words describing your goals and interests in this career preparation program. **The essay must be typed.**

Due Date: Completed application should include this form (completed & signed), the essay, and 2 recommendations. The completed application is to be handed into the guidance office by **Friday, March 3, 2017.**

Student: I am interested in applying for acceptance into the HFM BOCES CTC program. I understand that completing this application does not mean that I will be accepted into the HFM BOCES CTC program; however, it shows my intent to attend. I have an understanding of the program for which I have applied and have discussed my selection with my school counselor and my parent(s)/guardian(s).

Student Signature

Date

Parent/ Guardian: I support my student's application to the HFM BOCES CTC program, and if accepted, I give my permission for him/her to attend the program. I realize that my signature below indicates my support of this educational venture.

Parent/Guardian Signature

Date

Official use: Required Academic Courses at CTC: _____
Number of Days Absent: _____ since the beginning of 9th grade.

School Counselor: It is my recommendation that this student be allowed to participate in the HFM BOCES CTC program. I base this recommendation upon the fact that this student is currently in good academic standing, as well as possessing a good combination of academic ability and personal maturity.

School Counselor Signature

Date

Mayfield Jr. Sr. High School

Hamilton-Fulton-Montgomery (HFM) BOCES Application
CAREER & TECHNICAL EDUCATION CENTER (CTC) PROGRAM

Faculty Recommendation Form

FOR THE STUDENT TO COMPLETE

Student Name: _____ Recommendation From: _____
Faculty Member Name

Course taught by this teacher: _____ Current Grade in Class: _____

I waive my right to read this recommendation _____
Student Signature

Recommendation Deadline: The completed application should include this form (completed & signed), the essay, and 2 recommendations. The **completed application** is to be handed in by **Friday, February 26, 2016.**

FOR THE FACULTY MEMBER TO COMPLETE

I have known _____ for _____ years.

In what context have you know this student?: _____.

The Career Education Department has named certain criteria essential when determining a student's possible entry into HFM BOCES. To achieve success through this program, a student must demonstrate qualities such as commendable effort, responsibility, behavior, organization, maturity, and attendance.

Please rate the following (1 Unacceptable – 4 Excellent)

| | | | | |
|----------------|---|---|---|---|
| Effort | 1 | 2 | 3 | 4 |
| Responsibility | 1 | 2 | 3 | 4 |
| Behavior | 1 | 2 | 3 | 4 |
| Organization | 1 | 2 | 3 | 4 |
| Maturity | 1 | 2 | 3 | 4 |
| Attendance | 1 | 2 | 3 | 4 |

Please add any additional comments below regarding this student (optional):

My overall recommendation for this particular student can be summarized as:

I do not endorse I endorse w/ reservation I endorse I strongly endorse

Signature of recommending faculty member: _____ Date: _____

Please return to student in a signed and sealed envelope before Friday, March 3, 2016.

Mayfield Jr. Sr. High School

Hamilton-Fulton-Montgomery (HFM) BOCES Application
CAREER & TECHNICAL EDUCATION CENTER (CTC) PROGRAM

Faculty Recommendation Form

FOR THE STUDENT TO COMPLETE

Student Name: _____ Recommendation From: _____
Faculty Member Name

Course taught by this teacher: _____ Current Grade in Class: _____

I waive my right to read this recommendation _____
Student Signature

Recommendation Deadline: The completed application should include this form (completed & signed), the essay, and 2 recommendations. The **completed application** is to be handed in by **Friday, March 3, 2017**.

FOR THE FACULTY MEMBER TO COMPLETE

I have known _____ for _____ years.

In what context have you know this student?: _____.

The Career Education Department has named certain criteria essential when determining a student's possible entry into HFM BOCES. To achieve success through this program, a student must demonstrate qualities such as commendable effort, responsibility, behavior, organization, maturity, and attendance.

Please rate the following (1 Unacceptable – 4 Excellent)

| | | | | |
|----------------|---|---|---|---|
| Effort | 1 | 2 | 3 | 4 |
| Responsibility | 1 | 2 | 3 | 4 |
| Behavior | 1 | 2 | 3 | 4 |
| Organization | 1 | 2 | 3 | 4 |
| Maturity | 1 | 2 | 3 | 4 |
| Attendance | 1 | 2 | 3 | 4 |

Please add any additional comments below regarding this student (optional):

My overall recommendation for this particular student can be summarized as:

I do not endorse I endorse w/ reservation I endorse I strongly endorse

Signature of recommending faculty member: _____ Date: _____

Please return to student in a signed and sealed envelope before Friday, March 3, 2017.