

Bin  
#7

**ST. MARY'S  
HEALTH PROFESSIONS ACADEMY**

**(Opportunity for 10<sup>th</sup> and 11<sup>th</sup> grade students who are interested in a health care career.)**

**What: St. Mary's Health Professions Academy**

**When: May 19 & May 20, 2022**

**Where: St. Mary's Center for Education**

**Date Due in Counselors' Office: April 25, 2022**

**Requirements:**

- **Must be a current sophomore or junior**
- **Must have at least 2.5 GPA**

**APPLICATIONS ARE AVAILABLE  
IN THE COUNSELORS' OFFICE**

**In**

**BIN # 7**

**ST. MARY'S HEALTH PROFESSIONS ACADEMY**

**RETURN THE APPLICATION TO THE  
COUNSELORS' OFFICE**

**BY:**

**APRIL 25, 2022**

**Student is responsible for filling out EEO form for their absence from  
school.**

# St. Mary's Health Professions Academy

## Student Application



Tenth and eleventh grade students in tri-state area who are interested in a health care career will be considered for the St. Mary's Health Professions Academy. The Academy will be held on **May 19<sup>th</sup> and 20<sup>th</sup>** at the St. Mary's Center for Education. **Only complete applications will be accepted. Applications must be received by April 29, 2022.**

**Application Requirements Include:**

- You must have at least a 2.5 or greater current overall grade average
- You must be a current high school student attending 10<sup>th</sup> or 11<sup>th</sup> grade

**I. STUDENT INFORMATION** *please type or print all responses legibly in ink*

Last Name	First Name	Middle Initial	Nickname
-----------	------------	----------------	----------

Birth Date (Month/Day/Year)	Home Phone	Cell Phone	Email Address
-----------------------------	------------	------------	---------------

Mailing Address	PO Box/Rural Route
-----------------	--------------------

City	State	County	Zip Code
------	-------	--------	----------

<p><b><u>T-Shirt Adult Size:</u> (please circle one)</b></p> <p>S (6/7) M (8-10) L (12/14) XL (16) 2XL 3XL 4XL</p>	<p><b><u>Gender:</u></b></p> <p>Male  Female</p>	<p><b><u>Race:</u> (circle one or more)</b></p> <p>Caucasian American Indian/Alaskan Native African American Asian Hispanic (non-Caucasian) Pacific Islander Mixed Race</p>
--	--	---

**Medical Problems and/or Medications:**

---

How did you hear about St. Mary's Health Professions Academy?

---

**II. SCHOOL INFORMATION**

Name of School Currently Attending	Current Grade in School
------------------------------------	-------------------------

School Address	City	State
----------------	------	-------

County	Zip Code	Phone (Including Area Code)
--------	----------	-----------------------------

Current overall grade average

(Must be at least 2.5 GPA)

**III. STUDENT AND PARENT SIGNATURES**

I certify that the information contained in this completed application is accurate. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or the St. Mary's Health Professions Academy. If I am selected for the Academy and choose to participate, I agree to abide by all Academy rules and guidelines and participate in all of the scheduled activities.

Student Signature

Date

I have read the application and certify that the information is accurate. I give my permission for my child to apply and participate in the St. Mary's Health Professions Academy. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to the St. Mary's Health Professions Academy surveys regarding my child and his/her participation. I hereby agree that all participating entities will not be held responsible for any injury or accident that might occur through participation in the St. Mary's Health Professions Academy; in addition, any medical expenses incurred as a result of such injury or accident will be my personal responsibility.

Parent/Guardian Signature

Date

*In case of medical emergency, staff must be able to contact a parent/guardian or other emergency contact authorized to approve medical treatment for the student. Please provide current, accurate information and assure that you and/or a back-up contact are always available while the student is participating in Academy activities.*

Parent/Guardian Name (print)

Back-Up Contact Name (print)

Address

Relationship to Student

Home Phone

Cell Phone

Work Phone

Home Phone

Cell Phone

Work Phone

**Please Return Application to:**

**Dr. Joey Trader, Ed.D., MSN, RN, CNE  
Vice President Schools of Nursing and Health Professions  
Director School of Nursing  
St. Mary's Center for Education  
2900 First Avenue  
Huntington, WV 25702  
Office: 304-526-1416  
Fax: 304-399-1981**

**For Questions and Concerns:**

**Paula Cremeans  
Administrative Secretary  
St. Mary's Center for Education  
2900 First Avenue  
Huntington, WV 25702  
Office: 304-526-1426**

Completed Application Must Be Returned by April 29, 2022

**St. Mary's Health Professions Academy**  
**Health Assessment Form**



Instructions to Parent/Guardian: Please fill out your child's medical form and include it with the other forms to be returned to the Academy.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**HEALTH ASSESSMENT:**

<i>Complete each line</i>	Yes	No	Comments
Vision / Wears Corrective Lenses			
Hearing / Wears Hearing Aid			
Skin Disorder			
Special Nutritional Requirements			
Neurological Disorders (such as Epilepsy)			
Spinal Disorder			
Allergies (Medication, Food, Latex or Environmental)			
Digestive Disorder			
Muscular Disorder			
Asthma			
Heart Problems			
Tobacco Use			
Pregnant			

Chronic illness that may require medication or special accommodations? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Consent to Photograph

Name: *(please print)*

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

I hereby give consent to St. Mary's Medical Center to take moving and/or still photographs and/or sound/video recordings for any and all educational and/or marketing purposes that the hospital may deem proper of (check appropriate person):

- Son    Daughter  
 Other individual for whom I am authorized to provide consent

Made on (date pictures taken): \_\_\_\_\_ May 19<sup>th</sup> and 20<sup>th</sup>, 2022

Used for: \_\_\_\_\_ St. Mary's Center for Education

I understand that these photographs and/or sound/video recordings will be used on behalf of St. Mary's Medical Center for the above stated purposes. I further relinquish all right, title and interest in said moving and/or still photographs and sound/video recordings.

I also state that I have signed this form **PRIOR** to the taking of any photographs and/or sound/video recordings.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

St. Mary's Medical Center for Education  
2900 First Ave – Huntington, WV – 25702 (304) 526-1426