

**FOUR COUNTY AREA VOCATIONAL COOPERATIVE**  
**APPLICATION FOR HEALTH OCCUPATION EDUCATION**

**DUE 2/19/10 TO FCAVC ADMINISTRATIVE OFFICE**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (M. INITIAL) (BIRTHDATE)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: IN ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

NAME OF HOME SCHOOL: \_\_\_\_\_ STN#: \_\_\_\_\_

MY GRADE LEVEL FOR 10-11 SCHOOL YEAR WILL BE: 12 (SENIOR) (Consult Guidance Counselor)

PARENT(S)/GUARDIAN(S) NAME \_\_\_\_\_

EMAIL ADDRESS (FOR INFORMATIONAL USE ONLY): \_\_\_\_\_

I understand and agree to fulfill the following conditions of my enrollment in the Health Occupation Education program, administered by the Four County Area Vocational Cooperative:

**Criteria for Health Occupations Education Class**

1. Applicant must currently be a junior in high school as program is only available to Seniors.
2. Plan to attend college after high school
3. Interested in the health care field
4. Passed ISTEP
5. Submit short essay form on why they want to be in the Health Occupations program
6. Have three teacher references
7. Complete vocational application
8. Have good attendance at their home school
9. Top half of their class or 2.5 GPA or better
10. Be committed. Be positive. Have a good attitude.

I have read and agree to the above conditions of my enrollment:

\_\_\_\_\_  
Parent or Guardian Date

\_\_\_\_\_  
Student Date

Required for Enrollment: \_\_\_\_\_  
Guidance Counselor Signature

Special Notes: \_\_\_\_\_  
\_\_\_\_\_