

NAME _____

HOME DISTRICT _____

DELAWARE AREA CAREER CENTER APPLICATION QUESTIONS

Please respond to the following questions:

1. Why do you want to attend the Delaware Area Career Center? _____

2. What do you expect to learn in the lab you have selected? _____

3. What experiences have you had that would contribute to your success in this lab? _____

4. What are two of your personal strengths? How will they contribute to your success in this lab?

1. _____

2. _____

5. What kind of job do you believe this lab will help you attain? _____

6. When you look into the future what do you see for yourself? _____

To Be Completed By Partner School Counselor:

Attendance:

Days Absent: _____ School Year: _____

Days Absent: _____ School Year: _____

Days Absent: _____ School Year: _____

Credits Earned: _____

Current GPA: _____

*** Please attach transcript.**

Note any extenuating circumstances:(e.g. medical/behavioral)

Present grade in school (circle one) 9 10 11

Available OGT Information:

Note: If a student is receiving services on an IEP or 504 Plan, a copy of the IEP and MFE or 504 is needed to ensure the services included on the IEP continue to be provided.

Please note when the above information will be sent if not attached. _____.

Or indicate if not applicable. _____.

Partner School Counselor's Signature: _____

Date: _____

NOTE: APPLICATION NOT VALID WITHOUT PARTNER SCHOOL COUNSELOR'S SIGNATURE

*** This application should be returned to the partner school counselor.**

*** The completed application should then be sent to: Executive Director,
The Delaware Area Career Center, 1610 State Route 521, Delaware, Oh 43015**

It is the policy of the Delaware Area Career Center that educational activities, employment, programs, and services are offered without regard to race, color, national origin, sex, religion, handicap or age. Courses are available contingent upon sufficient enrollment.