



## Healthcare Academy

Monday to Thursday, June 8 - 25, 2009

8 a.m. – noon

GateWay Community College campus  
NW corner of Washington and 40<sup>th</sup> Streets

Applications due April 3, 2009

**APPLICATIONS RECEIVED BY THE  
DEADLINE WILL BE CONSIDERED FIRST.**

Students will be notified of their selection by May 1, 2009.

### Eligibility Requirements

- Just completed sophomore, junior, or senior year of high school
- Qualify for in-state tuition (Legal resident of Arizona for one year and Maricopa County for 50 days)

### Program Commitment

- Attend parent/student orientation meeting first week of June.
- Arrange daily transportation to GateWay campus.
- Attend all class sessions: Monday –Thursday, June 8 – 25, 2009.
- Complete required college coursework.

### Required for Application

- Completed application and tuition assistance forms
- High school transcripts
- Copy of document showing citizenship or legal residency (e.g., driver's license, birth certificate, I-94, etc.). See [maricopa.edu/prop300](http://maricopa.edu/prop300) for a complete list of acceptable documents.

Submit application, transcripts and residency document by **April 3** to:

Linda Jensen

GateWay Community College

108 North 40<sup>th</sup> Street

Phoenix, AZ 85034

Tel: 602-286-8672; Fax: 602-286-8675



**HEALTHCARE ACADEMY APPLICATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Expected graduation date \_\_\_\_\_ T-shirt size \_\_\_\_\_

Have you ever enrolled in a dual enrollment course with any of the Maricopa Community Colleges?  
No \_\_\_ Yes \_\_\_ If yes, list the course(s) and the college that provided the credit:

Why do you want to participate in the Healthcare Academy?

**I understand that, if accepted, I will be participating in a college class and earning three college credits. I will attend all twelve class sessions, Monday – Thursday, June 8 – 25, 2009, and I will complete the required coursework. I agree that my transportation is my responsibility.**

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

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

**Teacher Recommendation Please ask one teacher who knows you to sign the following:**

I, \_\_\_\_\_, recommend \_\_\_\_\_ as a participant in GateWay’s Healthcare Academy for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

High School \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Healthcare Academy

**Summer Session I: Monday to Thursday, June 8 - 25, 2009; 8 a.m. – noon**

**Tuition and Fees: \$228**

Tuition Assistance is available for eligible students. Please check all that apply below.

### Hoop of Learning

•Native American, as documented through Certificate of Indian Blood (CIB) or birth certificate and Social Security card.

Hoop of Learning will provide a scholarship toward tuition and fees.

I am eligible for this tuition-assistance program.

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### Tech Prep

•Attend a high school in a district with a Tech Prep program (see list below), and have taken Career and Technical Education courses in high school.

Aqua Fria Union | Buckeye Union | Chandler Unified | Deer Valley Unified | Dysart Unified | East Valley Institute of Technology (EVIT) | Fountain Hills | Gila Bend Unified | Gilbert Public Schools | Glendale Union | Mesa Public Schools | Paradise Valley Unified | Peoria Unified | Phoenix Union | Queen Creek Unified | Saddle Mountain Unified | Scottsdale Unified | Tempe Union | Tolleson Union | Wickenburg Unified

GateWay Community College will provide a scholarship toward tuition and fees.

I am eligible for this tuition-assistance program.

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### Legacy Foundation

- Reside on the west side of the Valley (west of I-17)
- Maintain at least 3.25 GPA in high school
- Have passed high school biology

The BHHS Legacy Foundation will provide a scholarship toward tuition and fees.

I am eligible for this tuition-assistance program.

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I am not eligible for the tuition-assistance programs listed above. I will pay \$228 for the Healthcare Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date