

**\*\*Please return your application to the guidance office in your building\*\***



**APPLICATION**  
Date Received \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Date Disapproved \_\_\_\_\_  
Pending \_\_\_\_\_

**Millard Public Schools  
Career Academy Application**

For which Academy are you applying? (Please Check)     Education @MWSHS     Entrepreneurship @MSHS     Finance @MNHS

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**Student Information**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Date of Birth)

Home Address \_\_\_\_\_  
(Street, Apt. No.) (City, Zip Code) (Telephone Number)

Current Grade Level \_\_\_\_\_ Email \_\_\_\_\_

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**Parent/Guardian Information**

Name \_\_\_\_\_ Employer \_\_\_\_\_  
(Parent or Guardian)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_  
(Parent or Guardian)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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1. Identify the characteristics that would make you successful in this Academy. Reference the career information from your Personal Learning Plan (PLP). (Attach additional paper, if necessary)

2. Describe what you hope to achieve through participation in this Academy.

