

Secondary Career Center (SCC)

High School Technical Application

Please print in ink carefully and clearly. Answer all questions completely and accurately. Incomplete applications will not be considered.

Legal Na	me Last	First		MI Social S	ecurity Number	
Mailing Address		City		State	Zip	-
Student H	Home Phone	Student Cell/ Alte	ernate Phone S	tudent E-mail Address		-
Gender:	Male	Female Date of Birth:		→ GRADUATION YEAR	R anticipated: 2013	_ 2014
Please Se	elect Your High S	School				
040	_Bentonville 1175	Fayetteville 040770	Fayetteville Al 040770	041995	Siloam Springs 042280	
	Decatur 1580	Gentry 040875	Lincoln ** 041405	Prairie Grove 042105	**	
040	Elkins ** 0705	Gravette 040930	Huntsville 041210	Rogers 042165	Heritage 042168	
	_ Farmington ** 9760	Greenland ** 040945	Har-Ber 042147	Springdale 042315	** Boston Mountain Educational Coopera	ative
Wr	nite Decli	nder American Indian			•	
	of Emergency Inf					
Emergeno	cy Contact:			Relation	nship:	
Cell Phon	e:	Work Pho	one:	Home Pho	one:	
Health Co	nditions:		Family Doctor Nar	ne/ Phone:		
	on Release: t name of individu	ual(s) that you authorize educat	ional information to be	released to:		
Name			Name			
Allow rele	ase of information	to above noted, third party, by	phoneYes	No		
This relea	se is valid for the	for use by the third party for id duration of my enrollment as a	technical student with		nter. Once I am no longer enrolled	in

This section must be completed with your high school counselor.

Have you attende	d SCC Technical Cla	sses before? No	Yes	lf yes, list prog	ram:		
Semester of Appl	ication:	Fall 12/13	Sp	oring 12/13			
(Applica		y – Northwest Technical out the required test so			dered incon	nplete.)	
(Applica		Northwest Technical Insti out the required test so			dered incon Afternoon	nplete.)	
Cosmeto	ology						
1 st Year				2 nd Year			
	Morning				Afternoon	Only	
	Afternoon					·	
	Select Location:	Springdale	F	logers		_ Siloam Springs	
Criminal (Applica	tions submitted with Morning – Northwest	out the required test so Technical Institute (Sprin on-Profit Center (Rogers)		d will be consid	dered incon	nplete.)	
		chnology Center (Fayette	eville)				
Food Pro	oduction Management Morning Afternoon	and Services – NWA No	n-Profit Cente	r (Rogers)			
Medical	Professions CNA I&II/ Morning Only	PCA+ I&II (2 nd Year) – N	WACC/ Burns	Hall (Bentonville	e)		
Schools	belonging to the Bo	ountain Educational Coop ston Mountain Educatio come first serve basis.					ing available

STUDENT COMMENT – In your own handwriting, please answer the following questions.

What are your career/ education plans? How will you benefit from attending a program at NTI/ Secondary Career Center?

STATEMENT OF UNDERSTANDING

Title/ Position

rules stated in the NTI Secondary Career Center Student Handbook. Additionally, I agree to abide by all policies set forth by the program to which I am accepted. I understand that I will pay dues and be an active member in a student organization. Student Signature I understand my child's educational plan. It is with my consent and approval that he/she be place in a program at NTI/ Secondary Career Center. Parent/ Guardian Name (Please Print) Parent/ Guardian Signature Date Parent Primary Phone Parent Alternate Phone Parent F-mail Address TO BE COMPLETED BY OFFICIAL AT STUDENT'S HOME SCHOOL Student Triand # (10 digit number provided by the State of Arkansas, not the school identification number) **Current GPA:** A current copy of the student's transcript must be attached or the application will be considered incomplete. If the current GPA is less than 2.0 the waiver request form must also be completed and attached. IEP Required? **Contact Teacher for IEP:** (Please Print) 5-10 Absences More than 10 absences Attendance Past School Year: 0-5 Absences I recommend this student for enrollment at NTI/ Secondary Career Center with reservation , without reservation By recommending this student for enrollment into a SCC program you have confirmed that he/ she has the appropriate prerequisites, placement scores & GPA. Comments: High School Official Name (please print) High School Official Signature

I certify that the information given is complete and accurate to the best of my knowledge. I understand that false information given is grounds for denial of admission or immediate suspension if enrolled. I agree if I am accepted as a student at NTI/ Secondary Career Center, I will abide by all

Student applications should be submitted no later than **May 18**, **2012** for the upcoming 2012-13 school year. Applications submitted after this date will <u>not</u> be guaranteed consideration. All applications are to be submitted **directly** to the SCC Registrar's office.

Applications can be faxed to NTI/ Secondary Career Center at (479) 751-2292 or mailed directly to:

Northwest Technical Institute C/O Secondary Career Center P O Box 2000/ 709 S. Old Missouri Rd Springdale, AR 72765-2000

www.nwti.edu/scc

For any questions or concerns please contact:
Stephanie Trolinger, SCC Director at (479) 751-8824 x241 or strolinger@nwti.edu
Amanda Lawson, SCC Registrar at (479) 751-8824 x179 or alawson@nwti.edu

Waiver Request Form

Secondary students must have a minimum GPA of 2.0 to enroll in a SCC Technical Program and must provide a copy of their current high school transcript with this application. Current SCC secondary students must maintain a 2.0 GPA for continued enrollment in the technical programs/courses. SCC students that do **not** maintain a 2.0 GPA can be placed on academic probation.

Student Name:			_	
Reason for waiver request (check	all that apply):			
High School GPA is below a	a 2.0 for SCC secondary studen	t applicant.		
Secondary Career Center G	SPA is below a 2.0 for current So	CC student.		
Waiver is requester for:	1st Semester/ 2012	2 nd Semester/ 2013	3	
Home High School:		Cur	mulative High School GPA:	
Proposed program/ courses:				-
Student: Reason for waiver reque	st this semester. (must be com	pleted by the student)		
Student's signature		Date		
Counselor's Comments:				
Counselor's signature		Date		
Secondary Career Center Comm	ents:			
Waiver Request: Approved	Denied			
vvalvei itequest Apploved	Defilied			
000 Paragraph (*)	T0 15		D. I.	
SCC Personnel Signature	itle/ F	Position	Date	