

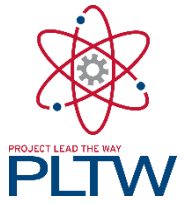


GAITHERSBURG HIGH SCHOOL

Application to the PLTW Biomedical Science Program

Student's home school must be GHS to apply

Submit to your Science Teacher by: 12/20/2017



STUDENT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Middle School: _____

Student E-mail Address: _____

MCPS ID number: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Email: _____

Current Science Teacher: _____

STUDENT ESSAY

Please respond to the following question. Your answer should be **typed** and limited to **two double-spaced pages**.

Describe why you are interested in participating in the Gaithersburg High School Biomedical Sciences program. Include in your response:

- Why do you believe it is important to study science?
- What topic in biomedical science most interests you and why?
- What do you hope to accomplish through the program in both high school and beyond?
- What are your academic and personal strengths that you believe will allow you to be successful in the program?

STUDENT GRADES

Please attach to your application:

- 1st Marking Period Report Card (copy)
- Portal Printout of current grades

STUDENT AGREEMENT

I am submitting this application or admission to the Gaithersburg High School Biomedical Sciences Program. I acknowledge that I am aware that this program is rigorous and will require independent work and a great deal of effort. I understand that if effort, achievement and commitment to the program is does not meet expectations that I may be removed from the program:

Student Printed Name: _____

Student Signature

Date

PARENT PERMISSION

The Montgomery County Public School System does not discriminate on the basis of race, color, sex, age, national origin, religion, sexual orientation, marital status, genetic identification, political affiliation, or disability in providing access to programs to students.

I hereby submit this application for my child to be considered for the Gaithersburg High School Biomedical sciences program and give my permission for school officials to report my child's achievement when required. I understand that applications will not be returned to the student or parent(s). I understand that admission to the Gaithersburg High School Biomedical sciences program is competitive and enrollment is limited. I acknowledge that my student has received no assistance in completing the written portion of this application.

Completion of this application does not guarantee acceptance to the program. If there are a large number of qualified applicants an additional interview and writing sample may be necessary.

Parent/Guardian Signature

Date

Parent Printed Name: _____