

# SCHOOLS OF DISTINCTION APPLICATION

## CUYAHOGA VALLEY CHRISTIAN ACADEMY

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, OH Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ (Home) Lunch Period \_\_\_\_\_  
Phone Number: \_\_\_\_\_ (Cell) Free Periods \_\_\_\_\_  
Email address (that you check)  
\_\_\_\_\_ @ \_\_\_\_\_  
Parents Name(s): \_\_\_\_\_



*PLEASE ANSWER THE FOLLOWING QUESTIONS. YOU MAY USE THE BACK IF YOU NEED ADDITIONAL SPACE.*

Why are you interested in the field of Medical Professions?

---

---

---

---

Why are you interested in being a part of the Medical Professions School of Distinction at CVCA? What do you hope to gain from this experience?

---

---

---

---

The Medical field is a large field. What areas are you specifically interested in? \_\_\_\_\_

---

---

---

---

Why? \_\_\_\_\_

---

---

---

---

What 3 teachers, coaches, or advisors would you like us to contact for a recommendation?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I agree to uphold the CVCA Mission Statement and to participate in the monthly meetings with mentors. I understand what is required of me to graduate from CVCA with a special distinction from the School of Engineering. I understand this is a privilege and is **EXTRA** to CVCA's rigorous college preparatory curriculum which requires a \$275 *annual* fee. (Fee for Class of 2013 is \$200.)

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

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

Date Received: \_\_\_\_\_ Date of Interview: \_\_\_\_\_ Accepted / Not Accepted Date: \_\_\_\_\_