



Dear Applicant,

The Carroll Medical Academy (CMA) is pleased to offer a challenging program for high achieving students interested in pursuing careers in the medical field. To be considered for the upcoming 2011/2012 CMA freshman class, **Students must have completed and passed Algebra I *(70 or better semester averages) by the end the spring semester of their 8th grade school year.**

Students applying from out of district who obtain a qualifying matrix score, will be admitted into the program only on a space available basis only.

Students, please submit the following:

1. A completed Application Form.
2. Typed essay addressing the prompt below. (No more than 250 words and no fewer than 200 words).
 - One inch margins
 - Times New Roman or Arial font
 - 11 to 12 font size
 - Double spaced

The Carroll Medical Academy curriculum was designed to prepare students for the academic rigors and competitiveness found in the health care field. What attributes will you bring to CMA and how does this program

3. Submit two teacher recommendations (forms are attached). One of the recommendation forms **MUST** be completed **by your current science teacher**. Please provide each teacher selected with an envelope.
4. A middle school transcript to include your 1st semester 8th grade course averages. The transcripts are available through your school's counseling office.
5. Your 7th grade TAKS scores. These are also available through your school's counseling office.

NOTE: If you are from out of state or attended a private school and did not take the 7th grade TAKS test, please contact Sherry Martin (Sherry.Martin@southlakecarroll.edu) for acceptable standardized testing alternatives.

Mail or drop off your completed packet to:

Rene' Moses – Carroll Medical Academy
Carroll ISD Administration Office
3051 Dove Rd.
Grapevine, TX 76051

Your completed application and accompanying documentation should be RECEIVED at the **administration office no later than 4:00 pm. Friday, March 9th, 2012. Any application received after the deadline will NOT be reviewed prior to July 1st, 2012. Late applications will be considered on a space available basis only. CISD will not make exceptions for applications delivered after the deadline by any postal carrier.**

You will receive notification via email once the student's application has been received. If the packet received is incomplete; you will be notified of the outstanding documents needed for completion only if received prior to the deadline.

All applicants will be notified of the committee's decision via email no later than May 1, 2011. Those students selected to CMA from outside Carroll ISD will need to complete a transfer packet before June 12th, 2011. Arrangements for transfers are made through the Carroll ISD administration annex.

Once selected, all CMA students are required to maintain a semester average of 85 or above, inclusive of all honors points, for EACH CORE CLASS taken during high school. Students who fail to meet this requirement will be placed on probation with CMA for one semester. Any student failing to meet the minimum grade requirement at the end of the probationary period will be exited from the program.

If you need additional information about the application process you may contact Sherry Martin at Sherry.Martin@southlakecarroll.edu

Sincerely,

Rene' Moses, Ed.D.
Carroll I.S.D.
Secondary Curriculum Coordinator

Carroll Medical Academy Application

Student's Legal Name _____
Last First Middle

Father's Name: _____ Day Phone #: _____

Mother's Name: _____ Day Phone #: _____

Street Address: _____

City, State and Zip Code: _____

Home Phone #: _____ Date of Birth: _____ Gender: _____

Email Address: _____
(Please print legibly. We will use this email address to contact you.)

Middle School: _____ Campus Phone #: _____

Campus address (if other than CISD): _____

In-School Activities: _____ Time Commitment: _____

Out of School Activities: _____ Time Commitment: _____

Current Math class: _____

To be considered for CMA, students must have completed and passed (70 or better) Algebra I by the spring semester of their regular 8th grade school year .

- If I am accepted into the Carroll Medical Academy, I am willing to remain in the program for at least one full school year.
- I understand that all CMA students must maintain an average of 85 or better, inclusive of all honors points, for EACH core class taken throughout the semester.
- **Automatic removal from CMA may occur if a student is caught cheating.**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Carroll Medical Academy

Science Teacher Recommendation Form 2012

STUDENT & Parent - Please complete the following:
We hereby relinquish any right of access to this confidential evaluation.

Parent Signature: _____

Student Signature: _____

Print Student Name: _____

Current Campus: _____

Dear Teacher:

The student listed above is seeking admission into the Carroll Medical Academy. Students accepted into CMA will be enrolled in A.P. Biology their freshmen school year. As a professional who knows this student, your evaluation is critical in helping us gain insight into the candidate's ability and areas of interest. Please complete **both sides** of this form and return it to the student in a sealed envelope (student should provide this) with your signature across the sealed flap. **RESPONSE TIME IS CRITICAL**, as the student's application cannot be considered until all components have been received. Deadline for receipt of the student's completed application this year is **March 9th, 2011**.

Thank you for your time and information. If you would like to know more about our program, you may contact Sherry Martin at sherry.martin@southlakecarroll.edu or visit our web site at <http://www.southlakecarroll.edu/cisd-academies.aspx>

Teacher Name (print): _____

I have known this student since _____ (month/year) and have taught the following course(s) to him/her: _____

Please indicate your confidential rating of the applicant's qualities below:

	Clearly Outstanding	Exceeds expectations	Satisfactory	Below expectations
Positive attitude				
Effective communicator				
Prepares for class				
Emotional maturity				
Classroom behavior				
Dependability				
Initiative				
Works independently				
Works well with others				

Using the space provided, please evaluate this student's writing ability.

List attributes you would consider strengths for this student.

Specify an area(s) of growth in this student.

Is this student easily frustrated when faced with challenging problems? _____ if yes, please elaborate.

Does this student come to tutoring when struggling with a concept? _____

Is it apparent that this student reads assigned text material for your class? _____

In considering this student for the medical academy would you

- | | |
|--|--|
| <input type="checkbox"/> Accept without hesitation | <input type="checkbox"/> Consider with some reservations |
| <input type="checkbox"/> Consider strongly | <input type="checkbox"/> Not consider |

We rely on your candid comments in evaluating this student. Please include any that you wish.

Teacher Signature: _____ Date: _____

Campus: _____

Carroll Medical Academy

Teacher Recommendation Form 2012

STUDENT & Parent - Please complete the following:
We hereby relinquish any right of access to this confidential evaluation.

Parent Signature: _____

Student Signature: _____

Print Student Name: _____

Current Campus: _____

Dear Teacher:

The student listed above is seeking admission into the Carroll Medical Academy. Students accepted into CMA will be enrolled in A.P. Biology their freshmen school year. As a professional who knows this student, your evaluation is critical in helping us gain insight into the candidate's ability and areas of interest. Please complete **both sides** of this form and return it to the student in a sealed envelope (student should provide this) with your signature across the sealed flap. **RESPONSE TIME IS CRITICAL**, as the student's application cannot be considered until all components have been received. Deadline for receipt of the student's completed application this year is **March 9th, 2012**.

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- | | |
|--|--|
| <input type="checkbox"/> Accept without hesitation | <input type="checkbox"/> Consider with some reservations |
| <input type="checkbox"/> Consider strongly | <input type="checkbox"/> Not consider |

We rely on your candid comments in evaluating this student. Please include any that you wish.

Teacher Signature: _____ Date: _____

Campus: _____

Carroll Medical Academy Student Essay

The Carroll Medical Academy curriculum was designed to prepare students for the academic rigors and competitiveness found in the health care field. What attributes will you bring to CMA and how does this program help you meet your future goals?

Criteria

- No more than 250 words (no fewer than 200 words).
- One inch margins
- Times New Roman or Arial font
- 11 to 12 font size
- Double spaced