



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 2010 CMA freshman class, **Students must have completed and passed Algebra I \*(70 or better semester averages) by the end the spring semester of their 8<sup>th</sup> grade school year.**

Students, please submit the following:

1. A completed Application Form.
2. HANDWRITTEN essay, 300-600 words in length. Topic to discuss:

***“The Carroll Medical Academy curriculum was designed to prepare students for the academic rigors and competitiveness found in the health care field. If you had to choose a career within the medical field today, what career would you select and why?”***

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

NOTE: If you are from out of state or attended private school and did not take the 7<sup>th</sup> grade TAKS test, please contact Sherry Martin (MartinSh@cisdmail.com) for acceptable standardized testing alternatives.

Mail or drop off your completed packet to:

Sherry Martin – Carroll Medical Academy  
c/o Carroll Senior High School  
1501 W. Southlake Blvd.  
Southlake, TX 76092

**Your completed application and accompanying documentation should be RECEIVED at the Carroll Senior High Campus no later than 4:00 pm. Friday, March 26<sup>th</sup>, 2010. Any application received after the deadline will NOT be reviewed prior to July 1<sup>st</sup>, 2010. 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, 2010. Those students selected to CMA from outside Carroll ISD will need to complete a transfer packet before June 12<sup>th</sup>, 2010. 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.

For additional information you may contact Sherry Martin at [MartinSh@cisdmail.com](mailto:MartinSh@cisdmail.com).

Sincerely,  
Dr. R. Rene' Moses  
Carroll I.S.D.  
6-12 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: \_\_\_\_\_

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Out of School Activities: \_\_\_\_\_ Time Commitment: \_\_\_\_\_

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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 8<sup>th</sup> 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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Carroll Medical Academy

## Science Teacher Recommendation Form 2010

**STUDENTS-** Please complete the following:

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 26<sup>th</sup>, 2010**.

Thank you for your time and information. If you would like to know more about our program, you may contact Sherry Martin at [MartinSh@cisdmail.com](mailto:MartinSh@cisdmail.com) or visit our web site at <http://www.southlakecarroll.edu/Medical/index.htm>

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

## Science Teacher Recommendation Form 2010

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Name: \_\_\_\_\_

Current Campus: \_\_\_\_\_

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Works well with others				

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

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

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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 Parent Recommendation Form 2010

**STUDENTS-Please complete the following:**

Name: \_\_\_\_\_

Current Campus: \_\_\_\_\_

Dear parent:

The CMA program is a challenging but rewarding curriculum and we want students to experience success here. As a parent, your evaluation is critical in helping us gain insight into your child's ability and areas of interest. Please complete this form and add to the student's application packet. If you need additional information you may contact Sherry Martin at [MartinSh@cisdmail.com](mailto:MartinSh@cisdmail.com) or visit our website at <http://www.southlakecarroll.edu/Medical/index.htm>

	Without exception	Almost always	Usually	Not often	Does not occur
Exhibits strong study habits					
Effective communicator					
Respects those in authority					
Strong interest in science and math					
Independent					
Not easily discouraged					
Handles stress well					
Thinks "outside the box"					
Participates in extracurricular activities					
Prioritizes school before extracurriculars					

Identify two strengths your child possesses.

Specify an area of needed growth for your child.

You may provide additional comments for the committee's consideration.



