



**WAYNE - FINGER LAKES**  
Board of Cooperative Educational Services

***Application for Enrollment***

# New Vision Nursing Sciences Class of 2020

Please complete and return by **March 22, 2019** to:

Adam Z. Smith, School Counselor  
Wayne Technical and Career Center

If you have any questions, please email:

Kerry Dorn, Instructor  
New Vision Nursing Sciences  
E-mail: [Kerry.Dorn@wflboces.org](mailto:Kerry.Dorn@wflboces.org)

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Wayne Technical and Career Center  
4440 Ridge Road  
Williamson, NY 14589-9382  
Andrew McVey, Principal  
(315) 589-2600

Thank you for your interest in the New Vision Programs offered at Wayne Technical and Career Center. These programs are offered to students through a partnership between Wayne Technical and Career Center, area businesses, and post-secondary institutions. New Vision programs are offered to and designed specifically for high school seniors wishing to engage in a non-traditional academic-style course that offers the opportunity to explore the career possibilities available in their chosen field of study.

Through the New Vision model of study, you will be given the opportunity to apply principles and theories of your chosen field of learning in a variety of settings through professional collaboration and internships. You will have the opportunity to work directly with professionals in the field to see, first hand, the many career opportunities available. Upon successful completion of these programs, students earn four units of credit towards their NYS high school graduation requirements. Students also have the opportunity to earn college credit through the GEMINI program at FLCC.

To be considered for enrollment in New Vision Nursing Sciences, a student must:

- exemplify professional behavior and a strong desire to work in the field of nursing
- respect the rules, dress code, and confidentiality necessary for the professional setting
- have a high school attendance rate of 90% and above (will be evaluated on an individual basis)
- have taken and passed high school health
- have taken and passed (by the end of grade 11) 3 years of Regents English, social studies, math and science, receiving a grade of 85 or better
- be entering your senior year in September and be on track for graduation in June
- be recommended by your high school counselor (reference form enclosed)
- complete the enclosed application and have your transcript and most recent report card forwarded to Wayne Technical and Career Center
- provide written responses to the items on page 4
- be able to provide your own transportation to internship sites (program dependent)

Estimated Cost:

-Varies based on program

Applications are due by March 22, 2019. The admissions committee will review each application and a decision regarding enrollment will be made. You and your high school counselor will be notified of this decision.

I encourage you to meet with your school counselor to discuss the New Vision model of study. It is highly recommended that you visit the New Vision program of interest prior to submitting your application. Please feel free to contact me with any questions you may have. Thank you for your time.

Sincerely,

Adam Z. Smith  
School Counselor – WTCC  
(315) 589-2605

## I. Student Information

Student E-mail: \_\_\_\_\_

Please attach a current and updated resume' with this information included.

Parent/Guardian E-mail: \_\_\_\_\_

**Wayne Technical and Career Center  
Student Application**

**IV. Required Questions**Short Answer Questions:

Read the short answer prompts below and write a well-developed response.

1. Identify academic and career goals that you have set for yourself and discuss how this program could contribute to you achieving these goals.
2. Service, Leadership and Scholarship are characteristics that guide the profession of nursing. Describe how you have demonstrated service, leadership and scholarship during your high school years.
3. What strengths do you bring to the program?
4. What are your expectations of the NVNS program?

Essay Question:

Read the essay prompt below and write a well-developed 250 word response.

Recount an incident or time when you experienced failure. How did it affect you and what lessons did you learn?

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***I certify that the information that I have submitted in this application is complete and true to the best of my knowledge.***

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***By Friday, March 22, 2019, please return the following items to the address below:***

- ***this completed application (including recommendations from counselor, science teacher and English teacher)***
- ***current transcript***
- ***current report card***
- ***completed short answer questions and essay questions***

**Mr. Adam Z. Smith  
WTCC Counselor  
4440 Ridge Road  
Williamson, NY 14589-9382**

**Counselor Recommendation**

Name of Applicant: \_\_\_\_\_

Home School: \_\_\_\_\_

**To the Counselor:**

**Please rate the applicant in the following areas. Keep in mind that this student will be compared to other capable college preparatory students. If this student is accepted into New Vision Nursing Sciences, he/she will be working closely with a variety of adult professionals within the health care setting.**

<b>Criterion:</b>	<b>No Basis</b>	<b>Low 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>High 5</b>
<b>Ease with Adults</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic Ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Motivation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School/Community Involvement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verbal Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Written Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to work independently</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to work in a group</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate the number of absences to-date for this student this academic school year.**

\_\_\_\_\_  
# Absences

\_\_\_\_\_  
Date of Application

**Does this student have an IEP? Yes\_\_\_\_\_ No\_\_\_\_\_**      **a 504 plan? Yes\_\_\_\_\_ No \_\_\_\_\_**

[illegible]

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Science Teacher Recommendation**

Name of Applicant: \_\_\_\_\_

Home School: \_\_\_\_\_

**To the Science Teacher:**

Please rate the applicant in the following areas. Keep in mind that this student will be compared to other capable college preparatory students. If this student is accepted into New Vision Nursing Sciences, he/she will be working closely with a variety of adult professionals within the health care setting.

Criterion:	No Basis	Low 1	2	3	4	High 5
Ease with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments (required):**


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Science Teacher Name (please print) \_\_\_\_\_

Science Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**English Teacher Recommendation**

Name of Applicant: \_\_\_\_\_

Home School: \_\_\_\_\_

**To the English Teacher:**

Please rate the applicant in the following areas. Keep in mind that this student will be compared to other capable college preparatory students. If this student is accepted into New Vision Nursing Sciences, he/she will be working closely with a variety of adult professionals within the health care setting.

Criterion:	No Basis	Low 1	2	3	4	High 5
Ease with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments (required):**


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English Teacher Name (please print) \_\_\_\_\_

English Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_