

## Avera Academy Application

The Avera Academy Program will serve seniors from Washington, Lincoln, Roosevelt, and Jefferson High Schools from August through May. The dual-credit program promotes academic learning and continuation from high school to post-secondary education.

### Avera Academy students have the opportunity to:

- Begin dual-credit coursework free of charge toward a healthcare industry degree of their choice at Southeast Tech while completing a high school diploma within the Sioux Falls School District.
  - Receive a scholarship gift from **AVERA** to cover tuition, books and fees at Southeast Tech while in high school.
  - Enroll in classes that have been approved by the South Dakota Board of Regents to transfer to other public South Dakota colleges and universities.
  - Students are eligible to obtain up to 12 college credits through the Avera Academy program.
- Spend time at Avera McKennan Hospital each week exploring healthcare careers.
- Become part of an exciting program that encourages healthcare career industry goals and pathways.

As juniors, students are selected for entrance into the Avera Academy Program through a formal application process. If chosen, the program will begin your senior year of high school. Students in the program must commit to **DAILY** attendance at Southeast Tech AND Avera Academy rotations on Friday mornings during the school year. Transportation will be provided to the Avera campuses. Attendance will be recorded every day. **All vaccination requirements MUST be met. (Flu shots are required although exemptions can be requested)**

Admitted students will earn dual-credit for the courses taken at Southeast Tech. Students will receive credit both at Southeast Tech and their high school. Students will begin the program by taking fall courses at Southeast Tech starting in the month of August at the beginning of their senior year. **Students are required to maintain a cumulative GPA of 2.0 or higher in all Academy classes at Southeast Tech in order to proceed to the 2nd semester and remain in the Avera Academy program.**

During their senior year, students will take classes from their home high school and courses at Southeast Tech, earning credit at Southeast Tech toward a healthcare industry degree of their choice and toward high school graduation. After completing Avera Academy, students will have the option to continue on with their education at Southeast Tech to complete their degree on their own or to pursue education at another program.

Throughout the duration of their senior year, students will be assisted with post high school planning including applications for financial aid and scholarships to assist with the costs of tuition after completion of the Avera Academy Program.

**THE AVERA ACADEMY PROGRAM IS SUSTAINED FINANCIALLY BY AVERA HEALTH.**

**To apply for admission to the Avera Academy program, students must complete the materials in this packet and submit them along with a copy of their transcript to their high school counseling office by January 5, 2024.**

### **Timeline:**

- January 2024: **Program application and transcript due to counselors January 5, 2024.**
- February 2024: Selected students notified by Avera and accepted students will need to complete acceptance packets and return to Avera.
- April 2024: Welcome informational meeting with students and parents/guardians.
- August 2024: **All vaccination requirements MUST be met. (Flu shots are required although exemptions can be requested)**
- August 2024-May 2025: Students take classes at high school and at Southeast Tech and spend weekly time at the Avera campus.

**Keep this page for your reference.**



## Step 2: Student Statement of Intent – TO BE COMPLETED BY STUDENT

Step 1: Please type your answers for Questions #1 and #2 on a separate sheet of paper and attach them to this application. Answers should be typed.

1. Why do you hope to participate in this program? (250 Word Limit)
2. What educational and career plans, specifically in healthcare, do you have after you graduate from high school? (500 Word Limit)

Step 2: Please utilize the form below to answer the following questions.

3. Are you currently employed? \_\_\_\_\_ If employed, where? \_\_\_\_\_
4. From the list below - What areas do you have an interest in pursuing after you graduate high school?

**Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Administration                               | <input type="checkbox"/> Marketing-creative writing, graphic design, web design |
| <input type="checkbox"/> Athletic training & Sports Careers           | <input type="checkbox"/> Medical Records/Coding                                 |
| <input type="checkbox"/> Business Office/Finance                      | <input type="checkbox"/> LPN & Registered Nursing                               |
| <input type="checkbox"/> Radiology/Cardiovascular Services/Ultrasound | <input type="checkbox"/> Therapies- Occupational, Physical, Speech Rehab        |
| <input type="checkbox"/> Child Life Specialist & Pediatrics Careers   | <input type="checkbox"/> Pharmacy & Pharmacy Technician                         |
| <input type="checkbox"/> Food and Nutrition Services & Dietician      | <input type="checkbox"/> Lab/Phlebotomy   |
| <input type="checkbox"/> Home Care & Hospice Services                 | <input type="checkbox"/> Respiratory Therapy                                    |
| <input type="checkbox"/> Human Resources                              | <input type="checkbox"/> Social Work, Counseling, Behavioral Health             |
| <input type="checkbox"/> Information technology & Bio-Med             | <input type="checkbox"/> Surgical Technician                                    |
| <input type="checkbox"/> Research                                     |   |

### **Students who participate in the Avera Academy program must commit to the following expectations:**

- Maintain attendance and arrive on time for scheduled classes at Southeast Tech and at high school and have a parent/guardian notify the school of any absences.
- Must be present for Fridays on Avera's campus and notify Avera staff of any absences in a timely fashion.
- Devote adequate time each day to complete homework, study and fulfill ARC/Study Hall requirements at Southeast Tech.
- Set high personal and academic standards for yourself and maintain a minimum of a 2.0 GPA for Avera Academy coursework.
- Keep parent/guardians informed of academic progress in Avera Academy.
- Complete all Avera Academy and high school graduation requirements.
- Comply with rules and expectations of Sioux Falls School District, Southeast Tech and Avera Health.
- **Meet ALL vaccinations requirements. Flu shots are required although exemptions can be requested**

Your signature indicates your commitment to meeting these expectations.

\_\_\_\_\_  
Student (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Step 3: Consent to Release Information – TO BE COMPLETED BY STUDENT**

**Consent to Release Information - Avera Academy Student Application**

I, \_\_\_\_\_, hereby authorize the Sioux Falls School District to release my Avera Academy Student Application to representatives from Avera for review and consideration.

I understand that by signing this Consent to Release Information, I am waiving my right to keep this information confidential. I certify that my consent to release this information is entirely voluntary. I certify that I understand that this Consent to Release Information may be revoked by me at any time in writing, but will not be effective for materials previously released pursuant to this Consent to Release Information.

I am of legal age or I am the parent or legal guardian of a minor whose application is being shared with Avera and have read and understood this Consent to Release Information before signing.

This release shall be valid for a period of eighteen months from the date of signature.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Step 4: Recommendation #1- TO BE COMPLETED BY SOMEONE WHO KNOWS YOUR CHARACTER**

**Individual making Recommendation: Your responses will assist Avera staff in identifying students who will benefit from and succeed in this program. Please complete this form and return it to the student.**

Student's Name: \_\_\_\_\_ School \_\_\_\_\_

Recommending Individual Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please check any characteristics you recognize in this student for whom you are providing input:

- |   |  |
|---|--|
| <input type="checkbox"/> Bright/intelligent   | <input type="checkbox"/> Has had discipline problems   |
| <input type="checkbox"/> Shows leadership capabilities<br>In a job, volunteer or school setting | <input type="checkbox"/> Shows little/no interest in learning<br>Experiences personal/social struggles |
| <input type="checkbox"/> Participates in extra activities                                       | <input type="checkbox"/> Lacks study, organizational, or time-management skills                        |
| <input type="checkbox"/> Courteous to others  | <input type="checkbox"/> Needs personal attention and encouragement                                    |
| <input type="checkbox"/> Capable of performing at a higher level                                |  |

Please evaluate the applicant's current performance by placing a check in the appropriate space:

Attendance	___	Excellent	___	Good	___	Fair	___	Poor
Attitude	___	Excellent	___	Good	___	Fair	___	Poor
Work Ethic	___	Excellent	___	Good	___	Fair	___	Poor
Study/Work Habits	___	Excellent	___	Good	___	Fair	___	Poor

Please use this space to expand on the information you provided or to make any additional comments:

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Signature

Date

Student: Attach this form to your completed application before submitting to your counselor.

**Step 5: Recommendation #2- TO BE COMPLETED BY SOMEONE WHO KNOWS YOUR CHARACTER**

**Individual making Recommendation: Your responses will assist Avera staff in identifying students who will benefit from and succeed in this program. Please complete this form and return it to the student.**

Student's Name: \_\_\_\_\_ School \_\_\_\_\_

Recommending Individual Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please check any characteristics you recognize in this student for whom you are providing input:

- |   |  |
|---|--|
| <input type="checkbox"/> Bright/intelligent   | <input type="checkbox"/> Has had discipline problems   |
| <input type="checkbox"/> Shows leadership capabilities<br>In a job, volunteer or school setting | <input type="checkbox"/> Shows little/no interest in learning<br>Experiences personal/social struggles |
| <input type="checkbox"/> Participates in extra activities                                       | <input type="checkbox"/> Lacks study, organizational, or time-management skills                        |
| <input type="checkbox"/> Courteous to others  | <input type="checkbox"/> Needs personal attention and encouragement                                    |
| <input type="checkbox"/> Capable of performing at a higher level                                |  |

Please evaluate the applicant's current performance by placing a check in the appropriate space:

Attendance	_____Excellent	_____Good	_____Fair	_____Poor
Attitude	_____Excellent	_____Good	_____Fair	_____Poor
Work Ethic	_____Excellent	_____Good	_____Fair	_____Poor
Study/Work Habits	_____Excellent	_____Good	_____Fair	_____Poor

Please use this space to expand on the information you provided or to make any additional comments:

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Signature

Date

Student: Attach this form to your completed application before submitting to your counselor.

**Step 6: Counselor Recommendation- TO BE COMPLETED BY COUNSELOR**

**Student:** Please request that your high school counselor fill out this form and include it with your application.

**Counselor:** Your responses will assist Avera staff in identifying students who will benefit from and succeed in this program.

Student's Name: \_\_\_\_\_ School \_\_\_\_\_

Recommending Counselor: \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Please check any characteristics you recognize in this student for whom you are providing input:

- Bright/intelligent
- Shows leadership capabilities
- Seeking additional course offerings
- Experiences personal/social struggles
- Needs help determining educational or career goals
- Needs personal attention and encouragement

How many days has this student been absent this year? \_\_\_\_\_ Total \_\_\_\_\_ Excused (School Sponsored) \_\_\_\_\_ Unexcused

To the best of your knowledge, is this student interested in healthcare a healthcare career? \_\_\_\_\_ Yes \_\_\_\_\_ No

To the best of your knowledge, is this student interested in Southeast Tech or another post-secondary institution to pursue a healthcare career in the future? \_\_\_\_\_ Yes \_\_\_\_\_ No

Avera Academy seeks to serve the following special populations. To the best of your knowledge, is this student:

(Check all that apply)

- EL student
- The first in their family to attend college
- Facing financial hardship/low income
- Dealing with a unique life situation
- On track for graduation
- Of a diverse/minority background
- None of the above apply

Please use this space to provide any additional comments:

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Counselor Signature

Date

Attach this form to the completed application before submitting to the Avera Academy for review.

## **A Completed Application Contains:**

- **Student's Personal Information Form**
- **Student's Statement of Intent**
- **Consent to Release Information**
- **2 Character References**
- **Counselor Reference Form**
- **High School Transcript**