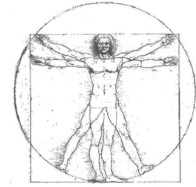




Venice High School
Medical Academy Application



For information about the Medical Academy visit vhsma.com or email carole.lash@sarasotacountyschools.net
Drop off or Email completed application directly to Mrs. Lash. **DO NOT GIVE IT TO YOUR COUNSELOR.**

PLEASE NOTE: We can accept only a limited number of students.

Contact Information

Student's Name: _____

Address: _____

Student's email address: _____

Parent/Guardian name: _____

Parents' daytime phone: _____

Parent email address: _____

Grade you will be in during the 2021-2022 school year: _____

Student Academic Information

Fall Semester 2020-2021 Grades:

English/Language Arts Course Name: _____ Grade _____%

Math Course Name: _____ Grade _____%

Science Course Name: _____ Grade _____%

Student Reflections

What are your future medical career goals?

Why are you interested in a career in medicine?

Is there any additional information or special circumstances that you would like to share with us?
