

**UNION SCHOOL
BRUNSWICK HIGH SCHOOL
OFF- CAMPUS LEARNING CENTER
46 Federal Street
Brunswick, Maine 04011
207-319-1925**

PROGRAM APPLICATION

NAME _____ **PHONE** _____

YOUR CELL PHONE _____ **YOUR PARENTS CELL PHONE** _____

ADDRESS _____

GRADE _____ **DATE OF BIRTH** _____

Feel free to word process your responses to the following questions and attach them to this application.

1. Tell us about yourself. Use additional paper if necessary.

2. Please briefly describe your elementary school experience, junior high school experience, and high school experience so far.

3. Think about a favorite class. What made it work for you?

4. Name one of your accomplishments and explain why you feel positive about it.

5. Can you name a teacher (present or past) whose teaching style worked well for you?

6. What are your career goals? You can be very general or specific. What have you done so far to reach your goals?

When you are finished completing this application, return it to Union School, or your guidance counselor.

Applicant's signature

Today's date

Parent or Guardian signature

Guidance Counselor signature