OFF CAMPUS LEARNING CENTER (OCLC)

BRUNSWICK HIGH SCHOOL 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 yourse	elf. Use additional paper if necessary.	
	be your elementary school experience, junior high school school experience so far.	
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3.	Think about a favorite class you took.	What made it work for you?
4.	Name one of your accomplishments, a	and explain why you feel positive about it.
	Can you name a teacher (present or pa Explain your selection.	st) whose teaching style worked well for you?
6.	What are your career goals? You can done so far to reach your goals?	be very general or specific. What have you
	hen you are finished completing this ap arning Center (OCLC) or to your guid	- · · · · ·
A	oplicant's Signature	Today's Date
Pa	rent or Guardian Signature	Guidance Counselor Signature