

Concentrations Program - Application Form

Name:		Date Submitted:		
Current Grade Level:		Graduation Year:		
Advisor Name:		-		
C	Concentration of Interest ((Circle One):		
Environmental Science	Performing Arts	Visual Arts	STEM+C	
	Global Citizenship and I	Leadership		
Please list all courses that you have year that would count towards you	-	-	the current school	
In the spaces below, please list the	• •		ments of your intended	
concentration (refer to concentration	ion one-pagers for requiren	nents).		
10th Grade	11th Grade	1	12th Grade	



List your sports or extracurricular obligations, leadership positions, job, etc. and the time commitment for each by week/season/year.

F	all	Winter		Spring	
Activity	Hours/Week	Activity	Hours/Week	Activity	Hours/Week

Please type your responses to the following prompts and submit a printed copy with this application.

- 1) How will completion of your concentration impact your college and career goals? (250 words)
- 2) The culminating experience of the Concentrations Program is a Capstone Project of your own design. Please describe your initial thoughts on what you might do for your Capstone Project (100 words)

As part of the Concentrations Program, you will be working closely with a faculty mentor. While your faculty mentor does not necessarily need to teach within the department of your concentration, that person should share an interest in your concentration and be willing and able to dedicate an appropriate amount of time to support you in this pursuit. Please print the name of your faculty mentor below, and have your mentor sign and date this application form.

Mentor Name (print):	
Mentor Signature:	Date:
To complete this application, you will also need to	obtain signatures indicated below.
Parent(s)/Guardian(s):	
Advisor:	
Concentrations Program Coordinator:	