



# Biomedical Sciences Pathway

at Lincoln High School

Name \_\_\_\_\_ School ID # \_\_\_\_\_  
Last, First Middle Initial

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Name of Legal Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Name of School Currently Enrolled \_\_\_\_\_

Please compile the following items and submit with this application:

- √ Two (2) completed Recommendation forms sealed in envelopes from teachers, community leaders, clergy, volunteer coordinators, counselors and/or administrators. (forms attached)
- √ A personal handwritten 200-250 word essay on the topic attached to this packet.

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Submit this entire application to the **LHS main office, attention A. Retallack**

If you have any questions about the application process, contact Mrs. Amanda Retallack, instructor at (916) 645-6360 or email: [aretallack@wpusd.k12.ca.us](mailto:aretallack@wpusd.k12.ca.us).

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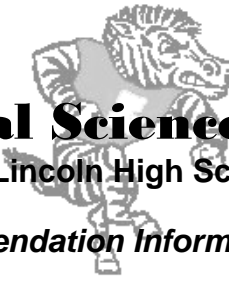
THIS APPLICATION AND ALL SUPPORTING MATERIALS  
ARE DUE ON OR BEFORE  
**TBA**

SUBMIT ENTIRE PACKET TO LINCOLN HIGH SCHOOL - attn: A. RETALLACK



# Biomedical Sciences Pathway

## at Lincoln High School



### *Recommendation Information Form*

Name of Student: \_\_\_\_\_

Recommendation by: \_\_\_\_\_

Relationship to Student:    Teacher                      Administrator                      Counselor  
    Manager                              Other \_\_\_\_\_

The above named student is applying for acceptance into the Lincoln High School Medical Sciences Pathway and is requesting a Reference from you. Your input is very important to us since our space is limited, and we hope to select students with the most interest and/or potential in entering a health profession in the future. Specifically, we are looking for students who either have expressed an interest in pursuing a health-related career or may not have considered it explicitly but who have shown the potential aptitude or related interests. We are also interested in selecting students with a level of maturity and responsibility to benefit most from the experience.

All responses will be kept confidential and will be used only for the admission process. Please return this form to the student in a sealed envelope to be included with their application. We greatly appreciate your assistance and input.

Attributes:

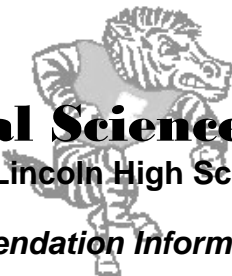
	Excellent	Above Average	Average	Below Average	Poor	Total
Participating in team/group activities	5	4	3	2	1	
Respectful to others	5	4	3	2	1	
Potential to succeed in health-related career	5	4	3	2	1	
Promptness/Attendance	5	4	3	2	1	
Leadership ability/potential	5	4	3	2	1	
Motivation	5	4	3	2	1	
Initiative	5	4	3	2	1	
Reliability	5	4	3	2	1	
<b>Overall recommendation as a potential participant in the LHS Medical Sciences Pathway</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	

Please include any additional comments here:

Overall Score:

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Thank you for your cooperation and support of this student.



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Please include any additional comments here: \_\_\_\_\_ Overall Score: \_\_\_\_\_

Thank you for your cooperation and support of this student.