



APPLICATION PACKET HOSPITALITY HIGH PROGRAM

Student Name

School

Career Cluster Area of Interest



HIGH SCHOOL HOSPITALITY HIGH PROGRAM APPLICATION

Date:

Indicate career/job interest:

Student Name:

Student ID#:

E-mail Address:

Please list any courses you have completed (example: Career Technical), work experience, or training and skills you have which will aid us in evaluating your qualifications for this program.

Please list your school activities, honors received and offices held.

Please list any community or volunteer activities you have been involved with.

Do you have any responsibilities or obligations that could interfere with your ability to commit
time after normal school hours (program is set to run 12:30 – 4:00 M-TH with Friday afternoon
off) to this program (for example: sports, school or community activities, part-time job,
family/childcare)? 🗌 Yes 🗌 No

If you checked YES, please describe. Depending on the situation, some schedules might be able to work out.

I will be able to take this program (choose one):

☐ Fall Semester only ☐ Spring Semester only ☐ Either Fall or Spring

I understand two blocks of time is required to participate in the program:

🗌 Yes 🗌 No

Postsecondary Education Goals:

In 100 words or less, explain how you think this experience will help you in your future career pathway.

Why do you feel that you should be chosen to participate in the Hospitality High Program?

Why have you chosen this particular career field of interest?

What do you see yourself doing in 10 years?

Student/Parent Information:

Code:
Code:
nent:
Code:
ne

Business Phone: Place of Employment:

Recommendation Forms

Please list the names of teachers below to whom you have given a Letter of Recommendation form.

- 1.
- 2.
- 3.

If you will be submitting a Letter of Recommendation of skills attained from an employer/community person please include their contact information below. Letters may be faxed to Hall County Schools, Attention Rachael McClain, 678-450-5978.

Name	Business	Telephone
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Certification

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that – if selected for this program, falsified statements may be grounds for removal.

I authorize investigation of all statements contained herein, the references listed in this application, all information concerning previous employers, and release all parties from liability for any damage that may result from furnishing the same to you.

Travel Release Statement

As parent/guardian of the above name student, I understand that Hall County Schools will not be providing transportation. I give my permission for my son/daughter to provide his/her own transportation to the worksite. My son/daughter has a valid Georgia driver's license and auto insurance and I assume full responsibility for his/her transportation.

Authorization to Release Information

As parent/guardian of the below named student, or the below named individual if 18 years old, I hereby authorize Georgia Youth Apprenticeship, representing an approved school system, to release only school related information and records for the following individual:

Student Name

Birthdate

as it pertains to the Hospitality High Program, Youth Apprenticeship and the participating schools. I understand and agree to the above statements.

Student Signature	Date	Parent Signature	Date
School Administrator	Date	WBL/MKTG/Career Tech Instructor Counselor/Graduation Coach	Date

High School Hospitality High Program TEACHER RECOMMENDATION FORM

(Confidential)

Note: Please return to the Counselor or to the school Work-Based Learning or Apprenticeship coordinator in a sealed envelope or in person.

Student Name: Grade: School:

The following checklist is provided for those who know the student well enough to give us an accurate assessment of her/him. We hope that it will provide a convenient method to describe the candidate in summary fashion.

No Basis for Judgment	Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top 10%)
	Responsibility				
	Attitude				
	Problem Solving				
	Effort				
	Interpersonal Skills				
	Attendance				
	Punctuality				
	Maturity				
	Team Worker				
	Decision Making				
	Honesty/Integrity				

If you wish to give reasons for any of your ratings, please do so here. We find an explanation for the significance of ratings to be very helpful.

Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

Please check one:

I recommend that the above student be accepted into the Hospitality High Program.

I do not recommend that the above student be accepted into the Hospitality High Program.

Print Name

Print Title

Subject Area

Signature

Date

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Date

CHECKLIST for HOSPITALITY HIGH PROGRAM (Please place as the cover page of packet.)

Student:

School:

Please make sure the following items are completed and attached to this cover page IN ORDER:

Con	nolete Appl	lication (pa	aes 1 - 5)
			gee · •/

Resume

- Reference Page
- Teacher Recommendations (three required) Your teacher will attach these to your application packet since they are confidential. (pages 6, 7, 8)
- Optional: Additional letter of recommendation from community/employer. Letters may be faxed to Hall County Schools, Attention Rachael McClain, 678-450-5978.
- Copy of high school transcript
- Discipline record from school Your teacher will attach this record for you.

Please submit completed application packets to your Counselor or Work-Based Learning teacher by **November 30, 2008.**

Instructors: Please forward all completed packets to Rachael McClain, Lanier Career Center, once you receive the information.

Interviews for students selected from the application process will be announced at a later time. Students will be contacted via phone.