

STUDENT APPLICATION

2025-2026



Programs

___ ENVIRONMENTAL SCIENCE

___ MEDICAL PROFESSIONS

Student's Name: _____ School District: _____

Counselor's Name: _____ Counselor's Phone: _____

Application due to Counseling Office by: _____

— DIRECTIONS —

FOR STUDENT:

- ◆ Complete all information and return this application to your home school counselor.
- ◆ Include two letters of recommendation attesting to your academic ability and career interests:
 - One from a SCIENCE teacher.
 - One from a school counselor.

*Students must have an 85 average overall to apply for either program

*Students applying for NV Medical must complete Chemistry prior to senior year

◆ Essay

Please attach a narrative essay of approximately 250-300 words that discusses why you want to participate in the New Vision program. In your essay explain:

- What your area(s) of interest and future plans are
- How you hope this program will support your college and career goals
- What unique qualities and skills you will bring to this program
- Who may have influenced you in this area (optional)

— Personal Information —

FOR STUDENT:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Student's Signature: _____ Date: _____

Student Email (*not a school email*): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Email: _____

Parent/Guardian's Signature: _____ Date: _____

1. What are your career goals?

2. List your favorite subject(s) in school: _____

3. List your interests/activities you are involved in:

4. Please list any prior experience or community service involvement related to the New Vision Program selected:

Completed applications should be forwarded from the Home School District Counseling office to the address below
by April 1st.

Mrs. Deborah Wood (dwood@ocmboces.org)
Cortlandville Campus
1710 NYS Route 13
Cortland, NY 13045
607-758-5260

—FOR SCHOOL COUNSELOR USE ONLY—

Counselor's Name: _____ Counselor's Phone Number: _____

• Please check all items below that apply to the applicant:

- Will be a senior during the 2024-2025 school year.
- Has completed all graduation requirements to date.
- Demonstrates maturity and self-motivation.
- Is comfortable working with adults.
- Is able to work independently.
- Is able to work as part of a team.
- Has an 85 average or higher
- Has had less than twelve (12) absences a school year. Explain below:

• Please check that all items listed are attached:

- Letters (2) of recommendations:
 - One counselor recommendation
 - One teacher recommendation
- Student essay
- Copy of current report card
- Copy of high school transcript
- Copy of IEP, if applicable

• I do _____ do not _____ recommend _____ for the
(Student Name)
_____ New Vision Program.

• Comments:

OCMBOCES

Committed to Your Success



Onondaga Cortland Madison Board of Cooperative Education Services advises students parents, employees and the general public that vocational education opportunities will be offered without regard to sex, race, color, creed, national origin or handicap. Inquiries may be directed to the Director of Personnel, OCM BOCES, 6820 Thompson Road, Syracuse, NY