

## Participant Information Application

Participant Name	
Business Name	
Business Address	
Cell Phone	
Email	

**Please select the Academy/School you are applying for:**

**Academy of Culinary Arts**

NW Classen High School

**Academy of Engineering**

Capitol Hill High School

**Academy of Education & Human Services**

NW Classen High School

**Academy of Finance**

John Marshall High School

**Academy of Arts**

Capitol Hill High School

**Academy of Health Sciences**

Classen SAS @ NE

NW Classen High School

U. S. Grant High School

**Academy of Hospitality & Tourism**

Star Spencer High School

**Academy of Information Technology**

Southeast High School

**Academy of Law and Public Safety**

Douglass High School

Applicant Background Provide background on why you want to be involved with high school Career Academies.  
What experience(s) you have, relevant work history and/or area of expertise:

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**For Office Use Only:**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ School Assignment: \_\_\_\_\_