



Program Application

Foster Technology Center
 173 Seamon Road, Farmington ME 04938
 207-778-3562
www.msad9.org/fratc

All materials should be given to your guidance counselor at your high school.

Recommended deadline: April 4, 2008

Any applications turned in after April 4th will be reviewed and accepted into programs on a case by case basis and as space is available. *Note: Some programs may be fully enrolled by April 4th, and if this is the case, late applications will be put on a wait list. Also note that turning in your application by April 4th does not guarantee your enrollment in your program of choice, as it is possible that a particular program will have more applications than slots.*

Part 1—Student Information		
Name:		Date:
Year of Graduation:	Social Security Number:	MEDMS Number:
Sending High School:		Date of Birth:
Mailing Address		Email:
City:	Zip Code:	Telephone:
Town in which you live (If different than mailing address):		
Parent/Guardian Name:		

Part 2—Program of Interest		Place a "1" next to your first choice: Place a "2" next to your second choice	
<input type="checkbox"/>	Alternative Energy	<input type="checkbox"/>	Diversified Occupations
<input type="checkbox"/>	Architectural Drafting & Design	<input type="checkbox"/>	Early Childhood & Infant Care
<input type="checkbox"/>	Automotive Technology	<input type="checkbox"/>	Emergency Medical Technician
<input type="checkbox"/>	Biotechnology	<input type="checkbox"/>	Firefighting
<input type="checkbox"/>	Building Construction	<input type="checkbox"/>	Forestry/ Wood Harvesting
<input type="checkbox"/>	Business Education	<input type="checkbox"/>	High Performance Composites
<input type="checkbox"/>	Computer Technology	<input type="checkbox"/>	Mechanical Drafting & Design
<input type="checkbox"/>	Commercial Arts & Photography	<input type="checkbox"/>	Metal Fabrication
<input type="checkbox"/>	Culinary Arts	<input type="checkbox"/>	Nursing Assistant
<input type="checkbox"/>	Digital Media	<input type="checkbox"/>	

Part 3—Personal References

You will find two personal reference forms included with this application. These references are extremely important. Please write below the names of the people you have asked to complete your references. References can be enclosed with this application or mailed directly to Student Services Coordinator, Foster Technology Center, 173 Seamon Rd, Farmington, ME 04938.

1. Reference _____

2. Reference _____

Students with Special Needs: We request that your case manager complete one of the two references.

Signatures (REQUIRED)

Record Release Authorization

I approve this application and hereby give permission for the release of any and all school records concerning the above names applicant to Foster Tech Center. I certify this information to be complete and accurate to the best of my knowledge.

Signature of Student

Date

Signature of Parent/Guardian

Date

I certify this information to be complete and accurate:

Recommend Not Recommend

Signature of Guidance Counselor

Date

Signature of Principal

Date

Notice of Non-Discrimination

Foster Technology Center does not discriminate in its education and employment programs on the basis or race; color; national origin; sex; marital or parental status and disability, and complies with Title VI of the Civil Rights Act of 1964 (34 CFR Part 100), title IX of the Education Amendments of 1972 (34 CFR Part 106), Section 504 of Rehabilitation Act of 1973 (34 CFR Part 104), Americans' with Disabilities Act (ADA) of 1990. Inquiries regarding Title VI, title IX, 504 and ADA may be made to Brian Foster, Affirmative Action Officer, at 11 School Lane, New Sharon, Maine 04955, Telephone (207) 778-6571

Foster Technology Center

Personal Reference

Foster Tech Center works closely with the five partner high schools to ensure that students are appropriately placed and successful in our technical programs. We value your experience and ask that you help us to assess this prospective student by completing this form. When complete, the form can be given directly back to the student or turned into the Guidance Office. If you have any questions, please feel free to contact Foster Tech at 778-3562 or by email at mwilliams@msad9.org.

Date: _____

Student Name: _____

Program student is applying to: _____

Reference's Name: _____

Subject: _____

How long have you worked with this student and in what capacity?

What is the best way to reach you?

() Phone extension _____

() Email address _____

Please rate this student using the scale below:

5=Exemplary 4=Very Strong 3=Strong 2=Satisfactory 1=Unsatisfactory

Dependability.....	5	4	3	2	1
Attendance.....	5	4	3	2	1
Ability to Work with Others.....	5	4	3	2	1
Initiative.....	5	4	3	2	1
Maturity.....	5	4	3	2	1
Appropriate for Program.....	5	4	3	2	1

Additional comments (feel free to use the back of this sheet as well):