*Miles City Unified School District*

*Pathway Capstone Application*

Last Name: Click here to enter text.

First Name: Click here to enter text.

Middle Initial: Click here to enter text.

Mailing Address: Street / PO Box

 City, State, & Zip Code

Phone Number: (000)-000-0000 Date of Birth: Click here to enter a date.

Pathway Area: Choose an item Grade: Choose an item Date: Click here to enter a date

List in order of preference, the internships placement/college courses you wish to take:

1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Please list the academic requirements of your pathway and how you meet these requirements.

Click here to enter text.

Please list the test score requirements of your pathway and how you meet these requirements.

Click here to enter text.

Please list the endorsements / certifications / job shadow requirements of your pathway and how you meet these requirements.

Click here to enter text.

If applying for an internship, please list any experience you have in the internship area:

Click here to enter text.

Please list the amount of time you will be working and/or be in college courses and what your schedule will be.

Click here to enter text.

Have you ever been convicted or plead *“no contest”* to a felony? [ ] Yes [ ] No

Have you ever been convicted of or plead *“no contest”* to charges involving sexual misconduct?

 [ ] Yes [ ] No

Personal References: (*Please include only those persons not reported in your credentials file*.)

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Phone |
| Enter Name of Reference #1. | Click here to enter text. | (000)-000-0000 |
| Name | Email Address | Phone |
| Enter Name of Reference #2. | Click here to enter text. | (000)-000-0000 |
| Name | Email Address | Phone |
| Enter Name of Reference #3. | Click here to enter text. | (000)-000-0000 |

**Please have a copy of your high school transcripts included in your application.**

Are there any time constraints you have with regard to working hours or class hours?

Click here to enter text.

I verify that the above statements are true and factual.

Insert Full Name Click here to enter a date.

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Applicant’s Signature Date