



SUMMER CNA CLASS 2022

APPLICATION INFO AND CLASS SCHEDULE - SAVE THIS SHEET

<u>Certified Nursing Assistant Class - QHO 7425</u> Harwood Ave, Milwaukee, WI 53213 The Southwest Milwaukee Consortium, Greenfield HS and Whitnall HS, in cooperation with Quality Healthcare Options (QHO), will offer an in-person summer school Certified Nursing Assistant class with a *limited enrollment of students*. Due to the popularity of the class, a completed application is required. Only students entering junior or senior year in the fall may apply.

APPLICATION REQUIREMENTS:

| | Pick up an application in your Counseling Office. Return completed applications by 3PM ON | | | | | |
|--|---|--|--|--|--|--|
| | MARCH 1st. Late applications will not be accepted. | | | | | |
| Greenfield students: Mrs. Lynn Cain in the Counseling Department | | | | | | |
| | Whitnall students: Mrs. Rene Freyer in the Counseling Department | | | | | |
| | You and a parent/guardian MUST attend ONE of the MANDATORY ZOOM information sessions: TUESDAY MARCH 8th 6:30-7:15 PM or THURSDAY MARCH 10th 6:30PM - 7:15 PM. | | | | | |
| | Be 16 at the start of the first class June 20th, July 1st or July 18th. | | | | | |

☐ MUST attend a MANDATORY in-person parent/student meeting at QHO. Date: TBD

Each high school will select the participants from their school and will notify students of their status by **MARCH 17th**. There will be a waiting list for students who are not selected right away.

CLASS MEETING SCHEDULE: Three different schedules to choose from.

NO ABSENCES ARE ALLOWED!

Session 1: Classroom and Clinicals June 20 – July 1 8:00 AM - 4:00 PM

Session 2: Classroom and Clinicals July 1 – July 15 (no class July 4) 8:00 AM - 4:00 PM

Session 3: Classroom and Clinicals July 18 – July 29 8:00 AM-4:00 PM

- Every effort will be made to accommodate a student's selection of session, but there are no guarantees that they will be honored.
- Students provide their own transportation and bring their own lunch.
- Certification test date to be scheduled by students as soon as possible after the class/clinicals.

NO ABSENCES ARE ALLOWED!



SUMMER CNA APPLICATION 2022



Greenfield students return to Mrs. Lynn Cain in the Counseling Office
Whitnall students return to Mrs. Rene Freyer in the Counseling Office 3PM MARCH 1st
PERSONAL INFORMATION – Please print neatly

| Name | Birth Date | e | _ Age |
|---------------------------------|-------------------------------------|----------------------|---------------------------------------|
| Parent(s)/Guardian(s) | | Home Phone (|) |
| Home Address | | _ Student Cell Phone | () |
| City, Zip Code | GPA | Graduation Year | |
| Student E-mail Address (most | frequently used) | | |
| Science courses taken: | | | |
| Medical Terminology Class Cr | neck one:have taken/taking | will take during | 22-23 yearNA |
| EMPLOYMENT DATA (List al | l jobs held to date - start with mo | ost recent): | |
| Job Description | Employer's Name | | ment (mo/yr) to (mo/yr) |
| | | | |
| (If more space is necessary, pl | ease attach a separate sheet) | | |
| | • | | |
| VOLUNTEER ACTIVITIES: D | Describe any volunteer activities | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| LIST EXTRACURRICULAR | ACTIVITIES | | |
| 9 th | 10 th | 11 th | 12 th (probable) |
| | | | |
| | | - | |
| | | | |
| (If more space is necessary, pl | ease attach a separate sheet) | | |
| CAREER GOAL: Which best | describes your plans after high | school: | |
| Begin working – prefer | red employment | | |
| Attend vocational/tech | nical school; Majoring in | | |
| Attend a 4-year college | e/university; Majoring in | | |
| Other: | | | |

| Why are you interested in enrolling in the CNA summer school class? | | | | | |
|--|---|--------------------------------------|--|--|--|
| | | | | | |
| | | | | | |
| What skills do you feel are necessary | for someone to succeed as a Certified | d Nursing Assistant? | | | |
| | | | | | |
| Upon completion of the course, do yo Apprenticeship/Internship Program? | u plan on working as a CNA through t YES NO | he school's Youth | | | |
| Please ask three teachers to sign belo | ow as references. | | | | |
| I recommend this student for the C | ertified Nursing Class offered by th Subject | e Consortium. Date | | | |
| | | | | | |
| I understand that this is an application will accept the responsibilities required | | • | | | |
| If I fail or I am dropped from, I may be | required to reimburse the school for t | the cost of the class. | | | |
| Student | | Date | | | |
| Parent/Guardian | | Date | | | |
| Any folio or migloading information n | and on this application or any other r | eregram decuments will aliminate the | | | |

Any false or misleading information made on this application or any other program documents will eliminate the student from further consideration or participation in the CNA Program. Completing this application does not guarantee that the student will be able to participate in the Certified Nursing Assistant class.

Greenfield students return this application to Mrs. Lynn Cain in the Counseling Office Whitnall students return this application to Mrs. Rene Freyer in the Counseling Office **3PM MARCH 1st**





