## **Access Academy Admissions Application**

1175 Commercial Court Norcross, GA 30093 (Phone # TBD)

## contactus@goodsamgwinnett.org Website: goodsamgwinnett.org/accessacademy

Candidate Name:	DOB:	
Address:		
City/State/ZIP:		
Candidate Phone Number:		
Candidate Email Address:		
Preferred Session:	g (January – May) 🚨 🛘 Fall (July – November)	
Do you have any work or volunte	er experience in the medical field? $\Box$ Yes $\Box$ No	
Highest level of education: $\Box$	12th grade GED	
Required Attachments:	Photo Identification  Proof of Household Income	
	Evidence of graduation or GED   Resume	
	Social Security Card or work permit	
Please read and check the follow	ing statements to confirm your agreement:	
☐ I understand submitting an a	application does not guarantee admission to Access Academy.	
☐ I will provide proof of requir	ed vaccinations and tests if I am accepted to Access Academy	
☐ I will consent to a criminal and credit background check.		
Student Signature	 Date	
Reviewer	Date	
Admission Decision:	□ No	

## **Personal Statement**

Please provide a brief statement explaining why you want to become a Medical Assistant. Include what inspired you to seek this career, your long-term goals, and what about you will set you apart from others who may apply to Access Academy.	
Signature:	