## **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	red vaccinations and tests if I am accepted to Access Academy
☐ I will consent to a criminal a	nd 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.	