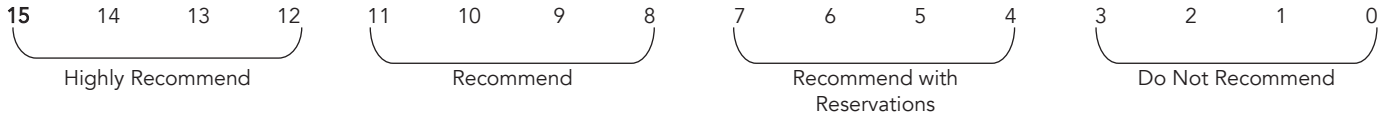


Student Name: \_\_\_\_\_  
(no nicknames) (First) (MI) (Last)

Sending District: \_\_\_\_\_ School Year: \_\_\_\_\_

**District Counselor and/or Transition Coordinator Recommendation** – Indicate your overall assessment of applicant based on personal knowledge of student and the aforementioned data.



**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Completed Application to Include:**

- Online Application & Cover Sheet Completed by Counselor
- 8th and 9th Grade Transcripts or Report Cards with Attendance
- Student Discipline Record for the Previous Year
- 8th Grade PSSA scores
- Student Interest Essay (except for Service Occupations & 9th Grade Early Admissions)
- BCTC Admissions Agreement (completed by student & parent/guardian)
- Teacher Recommendations (2)
- Letters of Reference (2) (Medical Health Professions Applicants Only)
- PSAT Test Reports (Medical Health Professions Applicants Only)
- Non-Resident-Placement Agency Letter or PDE 4605 (if applicable)
- Medical Plan (if applicable)

**AUTHORIZED DISTRICT REPRESENTATIVE - I have reviewed the selection criteria and scores provided for this applicant and verify their accuracy.**

_____	_____
<b>Printed Name</b>	<b>Signature</b>
_____	_____
<b>School District Position</b>	<b>Date</b>

When completed, please deliver to BCTC’s East or West Campus or email to [BCTCApps@berkscareer.com](mailto:BCTCApps@berkscareer.com)  
 \*Please note, if emailing documents, please save files as PDFs and use the following naming convention:  
 FirstName\_LastName2021 (ex. John\_Doe2021.pdf)