



Instructions|

Please complete and email or fax all required forms to -

Main office
bowness@cbe.ab.ca

f | 403-777-7259

Applications must be received by Wednesday March 15, 2023 to be considered

Pathway Information|

Please check the Bowness High School website for additional program information and resources

<https://school.cbe.ab.ca/school/bowness/teaching-learning/classes-departments/hpad/pages/default.aspx>

Student First Name: _____ Student Last Name: _____

AB Education ID#: _____ CBE Student ID#: _____

Current School: _____ Grade: _____ Age: _____

Designated HS: _____

Home Address: _____ Postal Code: _____

Parent Name: _____ Parent Phone #: _____

Parent Email: _____

1. **How can HPAD support your future aspirations and/or career goals? In a minimum of 250 words, write a paragraph or 2 describing why this pathway is of interest to you. Students must include the following –**
 - a. **your strengths as a learner, including your dedication to your growth as an athlete**
 - b. **your strengths as a teammate or group member, including your ability to cooperate with a diverse group of people**
 - c. **describe a time when you had to overcome a moral challenge created by your teammates, or your athletic setting, and how you acted with integrity**
 - d. **and how you hope HPAD will support your development as an athlete, high school student, and contributing member in the school community.**

2. **Include 2 character reference letters, one from a teacher and the other from a coach or employer. They should include personal strengths that convey your coachability and dedication to continued growth as an athlete and student, as well as your positive attributes as a contributing member.**

By signing this document you support your child's commitment to the HPAD Pathway and understand that there is a supplementary fee associated with the program.

Student Signature: _____ Date: _____ (YYYY/MM/DD)

Parent/Guardian Signature: _____ Date: _____ (YYYY/MM/DD)

Office Use Only		
<input type="checkbox"/> Student Accepted. Date: _____	<input type="checkbox"/> Transfer Request Received	<input type="checkbox"/> Reference Letters Received