



# BRIDGES CAREER ACADEMY Completion Application

## APPLICANT INFORMATION

Last Name		First Name		Date
High School				
Home Address			Phone	
City		State	ZIP	
Academy Title				
Academy Requirements				
High School Graduation Year				

## ACADEMY COURSES COMPLETED

Course Title	Instructors Initials

## SIGNATURES

**Bridges Career Academy Instructor Signature:** \_\_\_\_\_

## STUDENT DISCLAIMER AND SIGNATURE

I am applying prior to receiving final grades, and understand that the certificate and honor cord are issued contingent upon final successful completion of the Academy courses. I understand that information contained on my application may be shared with the Bridges Leadership Council and my high school.

**Student Signature:** \_\_\_\_\_

### ATTACHMENTS

Please include the following information with your application:

- High School Transcript
- Bridges Academy Student Survey

Send completed application to: Bridges Career Academies & Workplace Connection  
224 West Washington Street, Brainerd, MN 56401