

BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
SOLE SUPERVISORY DISTRICT  
FRANKLIN-ESSEX-HAMILTON COUNTIES

PLEASE **CLICK** IN EACH BOX  
TO ENTER INFORMATION.

NEW VISION PROGRAMS

COMPLETED FORMS MUST BE SENT VIA  
EMAIL BY AUTHORIZED DISTRICT  
PERSONNEL ONLY TO  
MARY DICKERSON (NFEC) AT  
mdickerson@mail.fehb.org OR  
RICK SWANSTON (AEC) AT  
rjs@mail.fehb.org  
INCOMPLETE REGISTRATION FORMS  
WILL BE RETURNED.

Check Program of Interest:

Please check one by typing an "X" in the appropriate box

- Health Careers  
 Government & Law  
 Coding & Gaming

|         |                      |
|---------|----------------------|
| Name    | <input type="text"/> |
| Address | <input type="text"/> |
|         | <input type="text"/> |
|         | <input type="text"/> |

|                 |                      |
|-----------------|----------------------|
| Parent/Guardian | <input type="text"/> |
| Home Phone      | <input type="text"/> |
| School District | <input type="text"/> |

List your interests and activities outside of school:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

List prior experiences (paid or volunteer) that you have had related to this field:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

**To The Applicant:**

Please attach a 500-750 word essay that address the following questions. What are your career goals, what makes you the ideal New Vision candidate and why should we choose you above the other candidates?

**To The Guidance Counselor:**

Please attach a transcript that includes grades from 1<sup>st</sup> semester of the current academic year, any attendance concerns, class rank, and a letter of recommendation.

Notice of Compliance Statement pursuant to title IX/504/Civil Rights/Age Discrimination Policy (Revised 12/17/09)The Franklin-Essex-Hamilton BOCES advises students, parents, employees and the general public that it offers employment and educational opportunities without regard to race, creed, color, national origin, age, marital status, disability, or sex. Inquiries or complaints alleging discrimination based on race, creed, color, national origin, age, marital status, disability or sex should be directed to Cheryl Felt, Compliance Officer, PO Box 28, Malone, NY 12953, Phone: 518-483-6420.