

**Central Virginia Community College**  
**3506 Wards Rd**  
**Lynchburg, VA 24502**  
**434.832.7600**

## **2021-2022 Application Packet**

# **Central Virginia Community College**

## **Early College Program**

### **Lynchburg City Schools**

### **Important Information for Early College Applicants and Parents**

1. Please see your high school guidance counselor for the DUE DATE for returning this completed application packet.
2. See your guidance counselor for other details about this application.
3. Students must have a minimum 3.5 GPA and meet requirements for placement into English 111 College Composition I and College Math.
4. All students accepted into the program must attend the orientation session that will be held in August.

# 2021-2022 CVCC Early College Program Application

Please type or print clearly in black ink. \* = required field

## Student Information

- \* First Name \_\_\_\_\_
- \* Last Name \_\_\_\_\_
- \* Current High School \_\_\_\_\_
- \* Name of School Counselor \_\_\_\_\_
- \* Parent/Guardian Name \_\_\_\_\_
- \* Street Address of Student \_\_\_\_\_
- \* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_
- \* Student's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- \* Student's Email \_\_\_\_\_
- \* Father's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
- \* Father's Email \_\_\_\_\_
- \* Mother's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
- \* Mother's Email \_\_\_\_\_

*Please make sure email addresses are complete and legible.*

I hereby apply for admission to the Early College Program. I will be in the 11th grade in 2021-22.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Activities**

List three of the most significant activities/programs, sports, honors/recognition, leadership opportunities, etc. you have participated in during the last 3 years.

Significant Activity Time Involved Year

1.		
2.		
3.		

## **Jobs**

List full/part-time jobs you have held.

Job Title Time Involved Year

1.		
2.		
3.		

## **College/University Interest**

List three colleges or universities you are interested in attending upon completion of the Early College Program.

College/University Name

1.
2.
3.

## **Careers of Interest**

List two professions that spark your interest.

Career Names

1.
2.

## **Teacher Names**

Please provide names of a Math and English teacher that you wish to use for your teacher recommendations. As a courtesy, email these teachers asking them to complete the teacher recommendation form provided by your high school counseling office.

Teacher Names

Math
English

## **Student Position Statement**

In a brief statement (1-2 paragraphs), explain how you have demonstrated the skills and habits necessary to succeed in the Early College program and what you hope to achieve if you are selected to participate. You may submit a typed statement which is encouraged.

**Academic Record (To be completed by Guidance Counselor)**

Student Name \_\_\_\_\_

1. Completed and Current Courses and Grades: *(Attach the most recent transcript)*

2. Grade Point Average: \_\_\_\_\_

3. Class Rank: \_\_\_\_\_ of: \_\_\_\_\_

4. This student's rigor of courses falls into:

Most Demanding

Very Demanding

Demanding

Least Demanding

5. Attendance: tardies \_\_\_\_\_ absences \_\_\_\_\_

Is absenteeism a problem with this student? If so, are there any extenuating circumstances? If over 5 must explain below (excused, unexcused, medical, sports, parent note, etc.)

6. Overall Evaluation of Student Compared to Current Students: *(Mark One with X)*

4 = Outstanding

Very Highly Recommend

3 = Excellent

Highly Recommend

2 = Above Average

Average Recommend

1 = Average

Recommend with Reservation

0 = Below

Do Not Recommend

Additional Comments/Reservations:

School Counselor Name: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_

## Math Teacher Recommendation

Course Title \_\_\_\_\_

Student Name \_\_\_\_\_

School Counselor \_\_\_\_\_

Overall Evaluation of Student Compared to Current Students: *(Mark One with X)*

4 = Outstanding	Very Highly Recommend
3 = Excellent	Highly Recommend
2 = Above Average	Recommend
1 = Average	Recommend with Reservation
0 = Below Average	Do Not Recommend

Choose the rating for each area using the scale above:

Self-motivated and demonstrates initiative

Understanding of mathematical concepts

Problem solving ability

Attention to detail/organizational skills

Ability to communicate subject knowledge and applications

Logical thinking and questioning

Independent learner

Ability to contribute to a group

Emotional stability, maturity, and self-discipline

Respect and tolerance for the views of others

Cooperative behavior

Class preparation including understanding textbook material  
prior to class

Additional Comments/Reservations:

Math Teacher Name: \_\_\_\_\_

Math Teacher Signature: \_\_\_\_\_

*Please return this form to the student's school counselor.*

## English Teacher Recommendation

Course Title \_\_\_\_\_

Student Name \_\_\_\_\_

School Counselor \_\_\_\_\_

Overall Evaluation of Student Compared to Current Students: *(Mark One with X)*

- 4 = Outstanding Very Highly Recommend
- 3 = Excellent Highly Recommend
- 2 = Above Average Recommend
- 1 = Average Recommend with Reservation
- 0 = Below Average Do Not Recommend

Choose the rating for each area using the scale above:

Motivation and initiative

Understanding of course concepts

Problem solving ability

Attention to detail/organizational skills

Ability to communicate subject knowledge and applications

Logical thinking and questioning

Attitude toward learning

Ability to contribute to a group

Emotional stability, maturity, and self-discipline

Respect and tolerance for the views of others

Cooperative behavior

Additional Comments/Reservations:

Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

*Please return this form to the student's school counselor.*