

2022-2023 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.

2022-2023 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 2022-23.

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

Recommend

1 = Average

Recommend with Reservation

0 = Below Average

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.