



## Applicant Information

Student's Name \_\_\_\_\_

Current Grade (Circle)      6   7   8

Parent/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

As a parent or guardian you must support your child in his or her attempt to pursue the dream of going to college and be an advocate for his or her success. Are you willing to attend at least one information meeting about AVID and help ensure that your child is studying after school and keeping an organized binder and planner? Do you ensure, to the best of your knowledge, all information provided on this application is correct?

Yes   No

*Parent/Guardian Signature:* \_\_\_\_\_

As an AVID student you will be required to maintain grades Cs or higher, to always put forth your best effort, and to be a role model in the school. Are you willing to follow these guidelines? Do you ensure, to the best of your knowledge, all information provided on this application is correct?

Yes   No

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

Students who wish to be considered for the AVID Elective must return this form to  
**Mrs. Losey or the front desk by March 12th, 2020 at 4:00pm**



## Student and Family Information

**Student Name:** \_\_\_\_\_

The following Information will assist us in identifying possible candidates who best fit the AVID profile. Please complete the following questionnaire. This information is confidential and will only be used for placement of students in the elective.

**Parent/Guardian Highest Level of Education**

Did not graduate high school  
Graduated high school  
Completed some college  
Graduated a tech program or associate's degree  
Graduated from a 4 year college  
Has a Post-Grad Degree

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**Ethnic Background (mark all that apply)**

African American  
Hispanic/Latino  
American Indian  
White/non-Hispanic  
Asian  
Pacific Islander  
Other: \_\_\_\_\_

**Supplemental Criteria (optional):**

What other languages do you speak at home:

\_\_\_\_\_

Student-Please record any challenges or circumstances you have faced and how you overcame them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Free or Reduced Lunch** (Circle one.)

Yes

No



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**Student Short Answer Questions**

**Student Name:** \_\_\_\_\_

**Please answer the following questions in complete sentences.**

1. What are your strongest and weakest academic areas and why?
  
  
  
  
  
  
  
  
  
  
2. How can a college education change your life?
  
  
  
  
  
  
  
  
  
  
3. Will you be the first in your family to attend college? How does that make you feel?
  
  
  
  
  
  
  
  
  
  
4. What are your academic goals for the future?
  
  
  
  
  
  
  
  
  
  
5. Briefly describe any scholastic distinctions or honors you have earned beginning with sixth grade.  
(ex: student of the week, A or B honor roll, Bison Bucks)

**Opportunity to share attendance and behavior challenges:**

6. How often are you absent from or tardy to class? Explain.
  
  
  
  
  
  
  
  
  
  
7. Describe a past conflict with another student or staff member. How was it resolved?

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