

# Landmark College Summer Application Checklist

Applications are considered on a rolling basis until programs are fully enrolled.  
Enrollment is limited to allow for maximum attention and support,  
and early applications are encouraged.

**NOTE: A diagnosed learning disability is not required for admission to any LC summer program.**

## SUMMER APPLICATION REQUIREMENTS FOR ALL STUDENTS

- ☐ Completed and signed application
- ☐ \$25 application fee
- ☐ High school transcript(s)  
**Current High School Students —**  
All completed coursework to date  
**Recent Graduates and College Students —**  
Final high school transcripts
- ☐ College transcript(s) —  
All completed coursework to date
- ☐ Educational Recommendations  
(see form included in application)
- ☐ Parent Statement  
(see form included in application)
- ☐ Interview (Phone or Online)
- ☐ ACT or SAT scores (if taken)

## ADDITIONAL REQUIREMENTS BY PROGRAM

### High School Summer Programs (Traditional & Social Pragmatics Tracks)

- ☐ Course selection form  
(See course listing at [landmark.edu/summer](https://landmark.edu/summer))

### Summer Bridge Experience Program

- ☐ Course selection form  
(See course listing at [landmark.edu/summer](https://landmark.edu/summer))

### Summer College Readiness Program

- ☐ Letter of admission to a four-year college  
or university

### All Students Considering Enrolling at LC for the Fall Semester

- ☐ Psycho-educational testing  
(see [landmark.edu/admissions](https://landmark.edu/admissions) for details)

## Questions?

For any questions you may have about Landmark College's Summer Programs or how to apply, contact the Office of Short-term Programs at [summer@landmark.edu](mailto:summer@landmark.edu) or **802-387-6885**

## SUMMER FINANCIAL AID

Financial aid applications are considered on a first-come, first-served basis  
Early applications are encouraged. To request an application, email [summer@landmark.edu](mailto:summer@landmark.edu).



## Summer Programs Application for Admission

Please answer all questions completely. Please print clearly or type.

Today's Date \_\_\_\_\_  
Month/Day/Year

### STUDENT INFORMATION

Legal Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age \_\_\_\_\_

Legal Sex ☐ Male ☐ Female ☐ Another Legal Sex Gender \_\_\_\_\_

Chosen Name \_\_\_\_\_

### SUMMER PROGRAM SELECTION

I am applying for: ☐ **High School Summer Program,  
Traditional Track**

☐ **Summer Bridge Experience**

☐ **High School Summer Program,  
Social Pragmatics Track**

☐ **5-Day Online Boot Camp**

☐ **Summer College Readiness Program**

Have you ever applied to or attended Landmark College? ☐ Yes ☐ No If yes, when: \_\_\_\_\_

### CITIZENSHIP

Place of Birth \_\_\_\_\_  
City/Town State/Province Country

☐ U.S. citizen ☐ Dual U.S. citizen Please specify other country of citizenship \_\_\_\_\_

☐ U.S. Permanent Resident Visa; citizen of \_\_\_\_\_ Alien registration number \_\_\_\_\_

☐ Other citizenship \_\_\_\_\_  
Visa

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? \_\_\_\_\_

What is your first language \_\_\_\_\_

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**ETHNICITY** (optional)

*Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.*

Are you Hispanic or Latino? ☐ Yes ☐ No (If yes, country of family's origin:\_\_\_\_\_)

If you are not Hispanic or Latino, please select one or more of the following categories:

☐ Asian (country of family's origin:\_\_\_\_\_)

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

☐ White

☐ American Indian or Alaska Native

**ABOUT YOUR EDUCATION**

Are you currently enrolled in school? ☐ Yes ☐ No If yes, what is your current grade?\_\_\_\_\_

Please list all high schools, colleges, and/or universities you have attended. Attach additional sheets if necessary.

**Name**

**CEEB Code**  
(If known)

**Dates Attended**  
(From — To)

**Location**  
(City, State)

**Reason for Transfer**  
(if applicable)

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Did you receive a GED? ☐ Yes ☐ No If yes, list date:\_\_\_\_\_

**STANDARDIZED TESTING INFORMATION**

Have you taken the SAT or ACT? ☐ Yes ☐ No If yes, when? \_\_\_\_\_  
Month/Year Month/Year

**LEARNING DIAGNOSIS INFORMATION**

Have you been diagnosed with a learning disability, ADHD, or ASD? ☐ Yes ☐ No

What was the diagnosis?

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Date of diagnosis\_\_\_\_\_

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Please list your employment history (most recent first):

| Job or Activity | Position or Duties | Dates Employed: From/To | Hours per Week |
|-----------------|--------------------|-------------------------|----------------|
|-----------------|--------------------|-------------------------|----------------|

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Have you ever been placed on probation, suspended, removed, dismissed, or expelled from any school, college or university, summer camp, or other program, academic or otherwise? ☐ Yes ☐ No

If yes, please explain:

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Other than traffic offenses, have you ever been convicted of a misdemeanor, felony, or other crime? ☐ Yes ☐ No

If yes, please explain:

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#### ABOUT YOUR FAMILY

☐ Parent #1 Name ☐ Legal Guardian #1 Name \_\_\_\_\_

Home Address (if different from yours) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Email Address \_\_\_\_\_

☐ Parent #2 Name ☐ Legal Guardian #2 Name \_\_\_\_\_

Home Address (if different from yours) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Email Address \_\_\_\_\_

With whom do you reside? ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both ☐ Other (Please explain.)

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How did you first learn about Landmark College's Summer Programs? (Check all that apply)

- ☐ Brochure
- ☐ Education Professional \_\_\_\_\_ (name)
- ☐ Email \_\_\_\_\_ (name)
- ☐ Family Member or Parent
- ☐ Friend or Colleague \_\_\_\_\_ (name)
- ☐ Health Professional \_\_\_\_\_ (name)
- ☐ Landmark College Graduate or Current Student \_\_\_\_\_ (name)
- ☐ Social Media
- ☐ Internet Search
- ☐ Digital Ad
- ☐ Other \_\_\_\_\_  
Please specify

### Applicant Statement

**By applying to a Landmark College Summer Program and signing this application for admission, I indicate my understanding that this is a short-term program designed to help students become more effective and independent learners. Programs includes academic classes and recreational activities. I understand that I must be prepared to attend class meetings and do nightly coursework. I recognize that students who are motivated to meet Landmark College's high standards and expectations generally realize improved academic performance. Conversely, students unprepared to put forth thoughtful and considerable effort toward achieving program goals, or who may have issues secondary to academic performance that require their focus, may have difficulty achieving the learning outcomes. I further understand that admission to and apparent success in this program are not indicative of my admissibility to Landmark College or any other college programs.**

**My signature below indicates that the information in my application is correct, inclusive, and honestly presented.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Landmark College is committed to creating an environment free from discrimination and harassment. LC does not discriminate in its educational and employment policies on the basis of race, color, sex, marital status, religion, creed, national or ethnic origin, age, military or veteran status, sexual orientation, and gender identity and expression. Discrimination and harassment based on these categories are prohibited and not in keeping with our community values.

**Send completed application to address below or scan and email to [summer@landmark.edu](mailto:summer@landmark.edu).**

Summer Programs, Landmark College, 19 River Road South, Putney, VT 05346-8517



## Parent or Guardian Statement

Today's Date \_\_\_\_\_  
Month/Day/Year

Student's Name \_\_\_\_\_  
First Middle Last

Parent's Name \_\_\_\_\_

As a parent/guardian, you have spent more time with your child than anyone else. Therefore, please share your insights on this form. Please rate how much of a challenge each of the following is regarding your child's overall achievement:

|   | Not a<br>Challenge       | Moderate<br>Challenge    | Major<br>Challenge       | No Basis<br>for Judgment |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Navigates change easily   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building and maintaining friendships  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealing with conflict   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making conversation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social interactions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wakes for school independently<br>(Has morning routine without parental assistance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-advocacy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working independently   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willing to try new things   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homework completion   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time management   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note taking   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study habits  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sustained attention   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading comprehension   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In what areas have you witnessed the most development and growth in your child?

Academically: \_\_\_\_\_

Socially: \_\_\_\_\_

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What are your child's most notable personality traits?

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What goals do you have for your child in this program?

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Is your child aware that you have these goals for them?

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Please provide a brief overview of your child's personal learning style. You are also invited to briefly share any concerns you may have or additional background that you feel would be helpful:

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What are your child's strengths, academically and socially?

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What do you feel are their greatest challenges, academically and socially?

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Is screen-time management a problem for your child? What strategies do you currently use at home to help your child with this behavior?

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**Send completed form to address below or scan and email to [summer@landmark.edu](mailto:summer@landmark.edu).**

Summer Programs, Landmark College, 19 River Road South, Putney, VT 05346-8517



## Recommendation for Landmark College Summer Program

Today's Date \_\_\_\_\_

Month/Day/Year

### 1. INSTRUCTIONS FOR THE STUDENT

This recommendation form should be completed by a teacher, counselor, or professional who knows you well. Please do not ask a relative or personal friend for a recommendation. Once you have confirmed who will write your recommendation, please complete lines A and B below, and then give this form to the person who has agreed to write your recommendation. The recommender should return the completed form directly to Landmark College.

A. Student's Name \_\_\_\_\_  
First Middle Last

B. Person Writing Recommendation \_\_\_\_\_

### 2. INSTRUCTIONS FOR THE PERSON MAKING THE RECOMMENDATION

The above-named student has applied to a Landmark College Summer Program, designed to introduce students to strategies and skills that will allow them to be more effective and independent learners.

Please complete in full the reverse side of this form. We ask you to candidly share your thoughts about this student's specific challenges, motivation, academic performance, honesty, ability to set realistic goals, interpersonal skills, sense of humor, and any other observations relevant to their performance. Because of the specialized nature of our program, any information that would help us to respond successfully to the student's learning needs is especially helpful. Please include any additional comments you think might assist us in evaluating this student's application, including any in-school suspensions, dismissals, out-of-district placement, or if a student was transferred due to behavioral issues.

#### Confidentiality Policy

Your effort to realistically assess the potential of this candidate is greatly appreciated. This form and any additional comments/recommendations you provide will be used for admission and advisement purposes by Landmark College for a Summer Program.

Recommender's Name \_\_\_\_\_

School/College/University/Institution Affiliation \_\_\_\_\_

Recommender's Title \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Years Acquainted with Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ Email Address \_\_\_\_\_

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**STUDENT RECOMMENDATION**

**Please rate how much of a challenge each of the following is regarding this student's overall achievement:**

|                                      | <b>Not a<br/>Challenge</b> | <b>Moderate<br/>Challenge</b> | <b>Major<br/>Challenge</b> | <b>No Basis<br/>for Judgment</b> |
|--------------------------------------|----------------------------|-------------------------------|----------------------------|----------------------------------|
| Adapting to change                   | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Building and maintaining friendships | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Dealing with conflict                | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Group activities                     | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Making conversation                  | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Self-advocacy                        | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Social interactions                  | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Willing to try new things            | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Working independently                | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Critical thinking skills             | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Homework completion                  | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Study habits                         | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Time management                      | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Sustained attention                  | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Organization                         | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Note taking                          | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Reading comprehension                | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |
| Writing                              | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>   | <input type="checkbox"/>         |

I recommend this student for studies at a Landmark College Summer Program

☐ Enthusiastically    ☐ With reservation    ☐ Do not recommend

Please explain the reasons for your recommendation and provide any additional insights that might assist us in evaluating this student's attitude, motivation, and potential to succeed in a Landmark College Summer Program.

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Recommender's Signature\_\_\_\_\_ Date\_\_\_\_\_