



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 ____ / ____ / ____

Legal gender Male Female Self-Identity _____

Chosen Name _____

SUMMER PROGRAM SELECTION

- I am applying for:
- | | |
|--|---|
| <input type="checkbox"/> High School Summer Program, Traditional Track (July 14 - August 3) | <input type="checkbox"/> Summer Session for Visiting College Students (July 7 - August 10, 2019) |
| <input type="checkbox"/> High School Summer Program, Social Pragmatics Track (July 12 - August 3) | <input type="checkbox"/> Summer Intensive Workshop (July 29 - August 2 in Berkeley, CA) |
| <input type="checkbox"/> Transition to College Program (July 19 - August 3) | <input type="checkbox"/> Preparing Students for Success in College (July 20 - August 3 at Johnson & Wales University-Denver in Colorado) |

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? _____

If not English, language spoken in your home _____ If not English, list your first language _____

(continued)

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: _____)

How would you describe your racial background? (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 (Please list all high schools, college, and/or universities. Attach additional sheets if necessary.)

Names of All High Schools, Colleges or Universities Attended

Name	CEEB Code (if known)	Dates Attended (From — To)	Location (City, State)

Are you currently enrolled in school? Yes No Will/did you graduate from high school early? Yes No

Did you receive a GED? Yes No If yes, list date: _____ (Please send official scores from testing agency)

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? _____

Date of diagnosis _____

Please list your employment history (most recent first):

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

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: _____

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

If yes, please explain: _____

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.)

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 _____
- Health Professional _____
(name)
- Landmark College Graduate or Current Student _____
(name)
- Social Media _____
(name)
- 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.

Mail completed form to:

Office of Admissions, Landmark College, 19 River Road South, Putney, VT 05346-8517



Parent or Guardian Statement

NOTE: This form is required for applicants to the High School Summer Program and Executive Function Summer Program only.

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 with regard to your student's overall achievement:

	Not a Challenge	Slight Challenge	Moderate Challenge	Major Challenge	No Basis for Judgment
Building and maintaining friendships	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Group activities	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Making conversation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Self-advocacy	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<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? _____

What are your child's most notable personality traits? _____

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: _____

Please mail completed form with application or send separately to:
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Recommendation for Landmark College Summer Program

(Required for all programs except Intensive Workshop and Transition to College 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 decided who will write your recommendation, please complete lines A and B below, and then give this form to the person whom you have selected. 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 RECOMMENDATION WRITER

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.

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 Signature _____ Date _____

School/College/University/Institution Affiliation _____

Recommender's Title _____

Relationship to Student _____ Years Acquainted with Student _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ Email Address _____

(continued)

STUDENT RECOMMENDATION

Please rate how much of a challenge each of the following is with regard to this student's overall achievement:

	Not a Challenge	Slight Challenge	Moderate Challenge	Major Challenge	No Basis for Judgment
Building and maintaining friendships	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Group activities	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Making conversation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Self-advocacy	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<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 provide additional comments that might assist us in evaluating this student's attitude, motivation, and potential to succeed in Landmark College's High School Summer Program _____

Recommender's Signature _____ Date _____

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