



High School Summer Program at Landmark College Application for Admission

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

Today's Date _____
Month/Day/Year

STUDENT INFORMATION

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Cell Phone (____) ____ - ____ Primary Email Address _____

Date of Birth ____ / ____ / ____

I identify my gender as: _____ ((e.g., male, female, genderfluid, non-binary) or I prefer not to disclose

SUMMER PROGRAM SELECTION

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

Have you ever applied to Landmark College? Yes No If yes, when: _____

Have you ever attended Landmark College (including summer programs)? Yes No

If yes, when: _____

CITIZENSHIP

Are you a U.S. citizen? Yes No If no, what is your country of citizenship? _____

If other than a U.S. citizen, please give citizenship status and visa needs: _____

ADDITIONAL INFORMATION (optional)

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

Are you Hispanic or Latino? Yes No (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 (attach additional sheets if necessary)

High School Information

Please list below the high schools you have attended or are attending (most recent first):

Name(s) of High School(s)	City & State	Dates of Attendance (From/To) Mo/Yr	Expected Date of Graduation
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

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

If yes, what were your scores: SAT Writing _____ SAT Math _____

SAT Critical Reading _____ ACT Composite _____

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

What was the diagnosis? _____

When were you diagnosed? _____

What academic courses do you find most difficult? _____

What academic courses do you most enjoy? _____

What academic supports, if any, have helped you in the past? _____

What skills and strategies do you hope to develop by participating in Landmark College's High School Summer Program?

Who or what led you to apply to Landmark College's High School Summer Program? _____

Please list your employment history (most recent first):

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

What have you done in life that has made you the most proud? _____

Have you ever been suspended or expelled from school? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

ABOUT YOUR FAMILY

Parent 1/Guardian's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Work Phone (_____) _____ - _____ Fax No. (_____) _____ - _____

Work Mailing Address _____

Email Address _____

Parent 2/Guardian's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Work Phone (_____) _____ - _____ Fax No. (_____) _____ - _____

Work Mailing Address _____

Email Address _____

Stepparent/Guardian's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Work Phone (_____) _____ - _____ Fax No. (_____) _____ - _____

Work Mailing Address _____

Email Address _____

If you do not live with both parents, with whom do you reside permanently?

Name	Relationship
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Please list names and ages of your siblings, and colleges attended, if any.

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

- Direct mailing
- Radio _____
Station
- Landmark College's website
- Facebook
- Twitter
- YouTube
- Magazine ad(s) _____
Please list name of publication(s)
- College fair _____
Please specify location
- Physician _____
Name City/State
- Educational consultant _____
Name City/State
- Guidance counselor _____
Name School
- Special education teacher _____
Name School
- Family friend _____
Name City/State
- Former Landmark College student _____
Name City/State
- Current Landmark College student _____
Name City/State
- Professional organization (i.e., CHADD, LDA) _____
Please specify
- Other _____
Please specify

Applicant Statement

By applying to Landmark College’s High School Summer Program and signing this application for admission, I indicate my understanding that this is a three-week, non-credit residential program designed to help students become more effective and independent learners. The program 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 not prepared to put forth thoughtful and considerable effort toward achieving the program goals, or who may have issues secondary to academic performance that require their focus, may have difficulty achieving the learning outcomes of the program. 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 admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, gender, national and ethnic origin, or sexual orientation in the administration of its educational policies, scholarship and loan programs, and athletic and other College-administered programs.

Mail completed form to:

High School Summer Program, Office of Admissions, Landmark College, 19 River Road South, Putney, VT 05346-8517



Parent or Guardian Statement

Landmark College High School Summer Program

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, you are being asked to 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	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"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Homework completion	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Note taking	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Sustained attention	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<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"/>	<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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2016 Course Selection — High School Summer Program Academics

Student's Name _____

Phone Number _____

Email Address _____

Please indicate the preferred mode of contact: Phone Email

All students take three courses:

- Learning Strategies Seminar/College Living and Academic Strategies (with integrated skills)
- Writing Class (three levels/options available)
- Choice of a single elective

Learning Strategies Seminar (Required – Traditional Track)

Provides a foundation for other coursework and activities in the summer program. Students explore the “science” behind learning — from how the brain processes information to why factors such as nutrition, sleep, exercise, and learning differences affect how we learn. Students learn about skills and strategies, including technologies they can use to improve their ability to learn.

College Living and Academic Strategies (Required – Social Pragmatics Track)

Much like the Learning Strategies Seminar, this class provides a foundation for coursework and activities within the program, while paying special attention to helping students better understand the nuances of verbal and non-verbal communication.

Choose a Writing Course (Select One of Three Levels/Concentrations)

All writing courses cover the basics of good writing: coherent thinking, expressive presentation, individual style, and use of appropriate language. Students select one of the following:

- Building Confidence as Writers**
For students not yet completely comfortable with the writing process.
- Writing the Effective Essay**
For students who have a good sense of the writing process. Many students use this class to begin working on their college application essay.
- Research and Writing**
For students who are comfortable with the writing process and are seeking to challenge themselves a bit.

For more information about writing courses, please go to landmark.edu/highschoolcourses

Elective Course (Select a First, Second, and Third Choice Elective)

We make every effort to provide students with their first choice elective; however, class size is limited for this program in order to provide a personalized learning experience for students. Classes are assigned on a first-come, first served basis, so early registration is highly recommended. Students are placed upon receipt of deposit.

Please note that although course changes are available, because of the brevity of the program, schedule change requests should be made no later than Thursday, July 14.

Please indicate your first, second, and third choice by placing the appropriate number (1, 2 or 3) beside your selections.

Complete course descriptions can be found at landmark.edu/highschoolcourses

- _____ Digital Photography
- _____ Drawing
- _____ High School Math: Algebra II Preparation
- _____ High School Math: Pre-Calculus Preparation
- _____ Sports & Culture
- _____ Technology for Learning
- _____ Theater
- _____ Vermont Field Biology

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Recommendation #1

Landmark College High School 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 decided who will write your recommendation, please complete lines 1.a. and 1.b., below, and then give this form to the person whom you have selected. The student should return the completed form directly to Landmark College.

a. Student _____
First Middle Last

b. Person Writing Recommendation _____

2. INSTRUCTIONS FOR THE RECOMMENDATION WRITER

The above-named student has applied to Landmark College's High School Summer Program. One of the goals of this program is to expose students to strategies and skills that would 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. On a separate sheet, 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/recommendation you provide will be used for admission and advisement purposes by Landmark College for its High School Summer Program.

Recommender's Signature _____ Date _____

Recommender's Title _____

Relationship to Student _____ Years Acquainted with Student _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ – _____ Email Address _____

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	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"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Homework completion	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Note taking	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Sustained attention	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

I recommend this student for studies at Landmark College's High School 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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Recommendation #2

Landmark College High School 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 decided who will write your recommendation, please complete lines 1.a. and 1.b., below, and then give this form to the person whom you have selected. The student should return the completed form directly to Landmark College.

a. Student _____
First Middle Last

b. Person Writing Recommendation _____

2. INSTRUCTIONS FOR THE RECOMMENDATION WRITER

The above-named student has applied to Landmark College's High School Summer Program. One of the goals of this program is to expose students to strategies and skills that would 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. On a separate sheet, please include any additional comments you think might assist us in evaluating this student's application.

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Recommender's Signature _____ Date _____

Recommender's Title _____

Relationship to Student _____ Years Acquainted with Student _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ – _____ Email Address _____

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	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"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Homework completion	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Note taking	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Sustained attention	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

I recommend this student for studies at Landmark College's High School 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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