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.**

### Application Requirements

<table>
<thead>
<tr>
<th>HIGH SCHOOL SUMMER PROGRAM</th>
<th>SUMMER BRIDGE EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Completed and signed application</td>
<td>☑ Completed and signed application</td>
</tr>
<tr>
<td>☑ $25 application fee</td>
<td>☑ $25 application fee</td>
</tr>
<tr>
<td>☑ High school transcripts (all work to date)</td>
<td>☑ Final high school transcript</td>
</tr>
<tr>
<td>☑ Two educational recommendations</td>
<td>☑ College transcript(s) (all work to date)</td>
</tr>
<tr>
<td>☑ Parent statement</td>
<td>☑ One educational recommendation</td>
</tr>
<tr>
<td>☑ Course selection form (at <a href="http://landmark.edu/summer">landmark.edu/summer</a>)</td>
<td>☑ ACT or SAT scores (if available)</td>
</tr>
<tr>
<td>☑ Optional: Psycho-educational testing, recent IEP, or state testing</td>
<td>☑ Course preference form (at <a href="http://landmark.edu/summer">landmark.edu/summer</a>)</td>
</tr>
<tr>
<td>☑ Optional: Psycho-educational testing, recent IEP, or state testing</td>
<td>☑ Recommended: Psycho-educational testing for students considering LC Fall semester</td>
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<table>
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<tr>
<th>SUMMER COLLEGE READINESS PROGRAM</th>
<th>5-DAY ONLINE BOOT CAMP</th>
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</tr>
<tr>
<td>☑ High school transcripts (all work to date)</td>
<td>☑ High school transcripts</td>
</tr>
<tr>
<td>☑ Letter of admission to a four-year college or university</td>
<td>☑ College transcripts (all work to date)</td>
</tr>
<tr>
<td>☑ ACT or SAT scores (if available)</td>
<td>☑ ACT or SAT scores (if available)</td>
</tr>
<tr>
<td>☑ Optional: Psycho-educational testing, recent IEP, or state testing</td>
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</tbody>
</table>

### SUMMER FINANCIAL AID

Financial aid applications are available online and considered on a first-come, first-served basis. We encourage you to apply early.

### Questions?

Contact the Office of Short-Term Programs at [summer@landmark.edu](mailto:summer@landmark.edu) or **802-387-6885**
Summer Programs Application for Admission
Please answer all questions completely. Please print clearly or type.

Today’s Date ____________________________________________________________________________________________

STUDENT INFORMATION

Legal Name _____________________________________________________________________________________________
First                           Middle                              Last
Address ________________________________________________________________________________________________
City ____________________________________________   State______________   Zip_______________________________
Home Phone ( ________ ) __________ – ________________      Cell Phone ( ________ ) __________ – ________________
Primary Email Address ____________________________________________________________________________________
Date of Birth _______ / _______ / _______    Current Age _______

Legal gender □ Male    □ Female    □ Self-Identity _________________________________________________________
Chosen Name___________________________________________________________________________________________

SUMMER PROGRAM SELECTION

I am applying for: □ High School Summer Program, Traditional Track (July 11 – July 31)
□ High School Summer Program, Social Pragmatics Track (July 11 – July 31)
□ Summer College Readiness Program (July 18 – July 31)
□ Summer Bridge Experience (July 11 – August 14)
□ 5-Day Online Boot Camp (July 26 – July 30)

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 □ 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?_______________________________________________________________________________

(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:______________________________)

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>CEEB Code (If known)</th>
<th>Dates Attended (From — To)</th>
<th>Location (City, State)</th>
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</table>

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? ______________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Date of diagnosis________________________________________________________________________________________

(continued)
Please list your employment history (most recent first):

<table>
<thead>
<tr>
<th>Job or Activity</th>
<th>Position or Duties</th>
<th>Dates Employed: From/To</th>
<th>Hours per Week</th>
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</table>

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.)

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

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

- [ ] Brochure
- [ ] Education Professional _________________________________________________________________________________
  (name)
- [ ] Email
- [ ] Family Member or Parent
- [ ] Friend or Colleague ___________________________________________________________________________________
- [ ] 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 form to address below or scan and email to summer@landmark.edu.
Summer Programs, Landmark College, 19 River Road South, Putney, VT 05346-8517
Parent or Guardian Statement

NOTE: Required for High School Summer Program applicants 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:

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<th>Challenge</th>
<th>Not a Challenge</th>
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In what areas have you witnessed the most development and growth in your child? _____________________________
________________________________________________________________________________________
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What are your child’s most notable personality traits? _________________________________________________________
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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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Send completed form to address below or scan and email to summer@landmark.edu.
Summer Programs, Landmark College, 19 River Road South, Putney, VT 05346-8517
Recommendation for Landmark College Summer Program
Not required for the Summer College Readiness or 5-Day Online Boot Camp programs.

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:

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</table>

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 a Landmark College Summer Program

_______________________________________________________________________________________
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Recommender’s Signature________________________________________________________ Date __________________

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