Landmark College Summer Applicant 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 Summer Program.**

**Requirements/All Summer Program Applicants**
- Completed and signed application
- $25 application fee, check made payable to Landmark College
- High school transcripts, including the most recently completed semester
- Personal interview

**Additional Requirements/High School Summer & Preparing Students for College Success Programs**
- Two educational recommendations (at least one must be from a classroom instructor)
- Parent statement
- Course Selection form (available online at landmark.edu/summer)
- Optional psycho-educational testing (strongly encouraged if student is considering applying to Landmark College for Fall 2019)

**Additional Requirements/Transition to College Program**
- Letter of admission to a four-year college or university

**Additional Requirements/Summer Session for Visiting College Students**
- College transcripts for all college work to date
- Two educational recommendations (at least one must be from a classroom instructor)
- Course Preference form (available online at landmark.edu/summer)
- SAT or ACT scores, if available
- Optional psycho-educational testing (strongly encouraged if student is considering applying to Landmark College for Fall 2019)

**Additional Requirements/Intensive Workshop for Success in College**
- SAT or ACT scores (if available)

**Additional Requirements/International Students**
- Proof of English Proficiency

**Questions?**
Contact Carroll Paré at summer@landmark.edu or call 802-387-6885.

**Summer Financial Aid**
LC offers need-based financial aid in most programs to qualifying families. Financial aid applications are available online, and are reviewed once a student is accepted into the program. Because aid is limited, students are encouraged to apply early.

For more information, contact the Office of Financial Aid at 802-387-6718 or email financialaid@landmark.edu.
2019 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_____ / _____ / _____

Legal gender

☐ Male   ☐ Female   ☐ Self-Identity _________________________________________________________

Chosen Name___________________________________________________________________________________________

SUMMER PROGRAM SELECTION

I am applying for:  ☐ High School Summer Program,
Traditional Track (July 14 - August 3)

☐ High School Summer Program,
Social Pragmatics Track (July 12 - August 3)

☐ Transition to College Program
(July 19 - August 3)

☐ Summer Session for Visiting College Students
(July 7 - August 10)

☐ Preparing Students for Success in College
(July 20 - August 3 at Johnson & Wales
University Denver)

☐ Summer Intensive Workshop
(July 29 - August 2 in Berkeley, CA)

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?_______________________________________________________________________________

(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
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>
</tr>
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</table>

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:____________________________

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):

<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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</thead>
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</tbody>
</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.)

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

☐ Brochure
☐ Education Professional
☐ Email
☐ Family Member or Parent
☐ Friend or Colleague
☐ Health Professional
☐ Landmark College Graduate or Current Student
☐ 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.

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:

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Not a Challenge</th>
<th>Slight Challenge</th>
<th>Moderate Challenge</th>
<th>Major Challenge</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building and maintaining friendships</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Dealing with conflict</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Group activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Homework completion</td>
<td>☐</td>
<td>☐</td>
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<td>Making conversation</td>
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<tr>
<td>Note taking</td>
<td>☐</td>
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<td>Organization</td>
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<tr>
<td>Reading comprehension</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Self-advocacy</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Social interactions</td>
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<tr>
<td>Study habits</td>
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<td>Sustained attention</td>
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<tr>
<td>Time management</td>
<td>☐</td>
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<td>Working independently</td>
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<td>Writing</td>
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In what areas have you witnessed the most development and growth in your child? ________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

(continued)
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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Please mail completed form with application or send separately to:
Office of Admissions, Landmark College, 19 River Road South, Putney, VT 05346-8517
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 _______________________________________________
**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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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 ___________________________________________________

_______________________________________________________________________________________

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Recommender’s Signature_________________________________________________________   Date _________________

**Please mail completed form to:**
Office of Admissions, Landmark College, 19 River Road South, Putney, VT 05346-8517