

**STUDENT:** Please complete the following application to be considered as a member of the AVID elective program. Please return your completed application to the AVID Coordinator at your school. Final acceptance will be determined upon completion of an interview. [Please Print with Blue or Black Ink]

Last		First		Student I.D.#
Address:	ber and Street			
Num	ber and Street	City		Zip Code
Phone:	Pare	ent or Guardian's Name	e:	
	Schedule: Complete sche honors class please note.		anscript/report ca	ard or submit a transcrip
Period	Class	Teacher	Rm.	
0-HS only				
				OPTIONAL:
1				Attach a
2				Attach a
3				Recent
4				Photograph
5				Here
5				

Students who wish to be considered for the AVID program must return this form to GUIDANCE OFFICE, FRONT OFFICE, OR MRS. PAGE IN PORTABLE 18. YOU CAN ALSO EMAIL YOUR APPLICATION TO PAGEM@LAKE.12.FL.US



(Application, cont.)

Acad	emic	Ho	nors:

Briefly describe any scholastic dis	stinctions or honors you	have earned beginning with the	ne sixth grade.
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Extracurricular, Personal,	. and	v oiun	teer A	ACUV	ues:
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(Please list your main extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instruments played and/or sports team participation, etc.

#### **Opportunity to Share Attendance & Behavior Challenges:**

How often are you absent from or tardy to class	ss? Explain.
2. Describe a past conflict with another student o	or staff member. How was it was resolved?
To the best of my knowledge, all information is provide interest in joining the AVID program at EAST RIDGI	
Student Signature	Parent/Guardian Signature



#### (Application, cont.) Student Information

This information will assist us in identifying possible candidates who best fit the AVID profile. Please complete the following questionnaire. This information is confidential and will only be used by the AVID site team for placement.

1. Parent/Guardian's Highest Educational Level
<ul> <li>□ Did not graduate high school</li> <li>□ Graduated high school</li> <li>□ Completed some college</li> <li>□ Graduated college</li> <li>□ Post Graduate Education</li> </ul>
3. Ethnic Background (Mark all that apply.)
African American
4. Supplemental Criteria: What other languages do you speak at home?
5. Supplemental Criteria: Please record any challenges or circumstances you have faced (optional)

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(Application, cont.)

Studen	t Name: Student I.D.#:
	Student Short Answer Questions
1.	What do you like the most about school? What do you like least about school? Explain.
	What about the AVID program appeals to you? If you have previously participated in the AVID program, what did you gain from the experience and why do you want to continue? What makes you a strong candidate for the AVID program?
3.	What is the biggest obstacle you have ever had to overcome and how did you do it?
4.	What are your academic goals for the future?
	Why do you believe college to be important? Will you be the first member of your family to go to college? If so, how does that make you feel?