

Name: _____

High School: _____



2011 Application Instructions

This packet includes the College Visions application. Please fill in an answer for each question. **In addition to the application form, you must submit a copy of your high school transcript.** You can get a copy of your transcript from your guidance counselor. It should include your grades from the beginning of 9th grade through the first half of 11th grade. As you work through the application, you will probably need to ask your family for help on certain sections. **The application is due on Friday, May 27.**

Tips:

- The application will probably take 1–2 hours to finish. Start early enough so that you have plenty of time to do thoughtful, neat work. Be sure to proofread.
- Ask your guidance counselor for a copy of your transcript at least a week before the application is due.
- On the essay question, write a rough draft, carefully proofread it, and make revisions. Turn in a final draft that shows your best writing.
- Ask your parents for information in the family section.
- If you have questions about College Visions or the application, contact us at 490.3996 or collegevisions@collegevisions.org.

Checklist:

Did you include each of these items with your completed application?

- Completed application form
- Essay
- Student/Family contract signed by both you and a parent/guardian
- Copy of your high school transcript

The completed application is due on Friday, May 27.

You can drop the application off at:

- College Visions (The office is at 131 Washington Street, Suite 205 in downtown Providence at the corner of Mathewson Street.)



2011 Student Application

Personal Information

Name: _____ Birth Date: _____
Address: Street: _____
City: _____ Zip Code: _____
Home Phone Number: _____ Cell Phone Number: _____
Email: _____ Facebook: (Y/N) _____ Facebook Name: _____

Gender: Female Male

Race: Black/African-American Asian
 Latino/a White Bi-/Multi-Racial

Ethnicity (For example, Cambodian, Dominican, Haitian, Irish, Liberian, Portuguese. List all that apply.):

Place of Birth (City, State, Country): _____

Language(s) Spoken at Home: _____

High School: _____

Guidance Counselor: _____ Phone Number: _____

Graduation Date (Month and Year): _____

How did you hear about College Visions? (If you know someone who did CV, please give his/her name.)

Do you have a documented learning disability? Yes No

If yes, please describe: _____

Do you participate in or attend any of the following programs or schools?

(Please check all the boxes that apply):

- | | |
|--|--|
| <input type="checkbox"/> College Crusade | <input type="checkbox"/> Upward Bound |
| <input type="checkbox"/> ETS | <input type="checkbox"/> Running Start at CCRI |
| <input type="checkbox"/> The Met School | |

Please note that College Visions aims to serve students who don't already participate in a college-advising program. You are not eligible for College Visions if you are in one of the above programs or schools. Call the office if you have questions about your specific situation. If you're not eligible for CV but you'd like to be on our mailing list for group events, please visit our website and submit the Student Interest Form.



Academic & Extracurricular Information

What classes are you registered in for senior year? Please note if it is college prep, honors, AP, ESL, etc.

_____	_____
_____	_____
_____	_____
_____	_____

Have you taken the PSAT, SAT, or ACT? If so, **write your scores** in the spaces below:

<input type="checkbox"/> PSAT:	Critical Reading: _____	Math: _____	Writing: _____
<input type="checkbox"/> SAT:	Critical Reading: _____	Math: _____	Writing: _____
<input type="checkbox"/> ACT:	Composite: _____		

List extracurricular activities you participate in, including clubs, sports, jobs, and youth organizations.

Your Position:	Activity:	Hours/Week You're Involved:

Do you have any talents or hobbies? (For example, cooking, singing, building stuff, drawing, etc.)



Family Information

List information only for the parent(s) or guardian(s) with whom you live.

Guardian #1

Name: _____

Relationship to you: _____

Birth Date: _____

Marital Status (Check one):

- Married
- Never married
- Remarried
- Divorced

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Job Title / Occupation: _____

Highest Level of Education (Check one):

- Less than high school
- Some high school
- High school diploma/GED
- Some college
- College degree from another country
- Associates degree
- Bachelors degree
- Masters degree or higher

College(s) Attended (if applicable): _____

Level of English spoken (Check one):

- Native speaker
- Fluent
- Some
- Very little or none

Guardian #2

Name: _____

Relationship to you: _____

Birth Date: _____

Marital Status (Check one):

- Married
- Never married
- Remarried
- Divorced

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Job Title / Occupation: _____

Highest Level of Education (Check one):

- Less than high school
- Some high school
- High school diploma/GED
- Some college
- College degree from another country
- Associates degree
- Bachelors degree
- Masters degree or higher

College(s) Attended (if applicable): _____

Level of English spoken (Check one):

- Native speaker
- Fluent
- Some
- Very little or none

If you do not live with your biological parents, whom do you live with?



Who is in your family? List all the relatives and family friends who stay at your home. Be sure to include any older siblings, even if they don't live at home.

First & Last Name:	Relationship to You:	Age:	School or Job Title / Occupation:

Please ask your family for help with the section below:

Do you qualify for: Free Lunch Reduced Lunch

Does your family qualify for Food Stamps / EBT? Yes No

What are your family's sources of income? Check all that apply.

- Employment Approximate Monthly Amount: \$ _____
- SSI Approximate Monthly Amount: \$ _____
- Public Assistance/TANF Approximate Monthly Amount: \$ _____
- Rent from Tenants Approximate Monthly Amount: \$ _____
- Child Support Approximate Monthly Amount: \$ _____
- Other: _____ Approximate Monthly Amount: \$ _____

Do you live in: Public housing? Yes No

If so, which development? _____

Section 8 housing? Yes No



Essay Question

Answer one of the following questions on a separate sheet. Your response should be about 250 words (about one handwritten page or 12 pt. double-spaced typed page). You can handwrite or type. Be creative, proofread, and turn in work that represents you well.

- Describe a place where you feel at home.

OR

- Describe an influential person in your life.



Student/Family Contract

Participating in College Visions is a great opportunity, but it's also a big commitment. Researching and applying to colleges is a family project. CV requires that both participants and their families be involved in the process. To ensure that all participants take full advantage of this opportunity and put themselves in the best position possible to achieve their post-secondary goals, applicants and their families must agree to the following expectations.

Students

I will:

- Arrive on time for every College Visions group and one-on-one meeting unless I have already gotten permission for an excused absence from a CV staff member. I understand that 3 unexcused absences will lead to expulsion from CV.
- Respond to my advisor's phone calls and e-mails.
- Actively participate in all CV sessions.
- Be respectful of all members of the CV community.
- Spend at least an hour and a half each week doing independent college work.
- Apply to at least one Rhode Island state school (CCRI, RIC, or URI).
- Submit all my completed college applications to my CV advisor for proofreading before I send them.

College Visions would like to keep in touch with you when you start college. Does College Visions have permission to access your academic and educational records for the purposes of tracking the academic progress of its former program participants?

Yes, I allow my academic and educational records to be released to College Visions.

Print Name (as it appears on your Social Security Card, if applicable): _____

Signature: _____

Social Security Number (if applicable): _____

Parent/Guardian

I will:

- Support my child through the college and financial aid application processes in whatever ways I can.
- Allow my child to go on supervised college visit trips with CV.
- Take part in a group college planning workshop and a financial aid workshop for families.
- Help my child fill out financial aid forms and provide copies of my W-2, 1040, and other necessary forms as early as possible in 2012.

The best phone number to reach me at is: _____

The best time of day to reach me is: _____

College Visions would like to keep in touch with your student when he/she starts college. Does College Visions have permission to access your student's academic and educational records for the purposes of tracking the academic progress of its former program participants?

Yes, I allow my student's academic and educational records to be released to College Visions.

Print Name: _____

Signature: _____