

Early College Career Academy: *An Early College High School Program*

APPLICATION INSTRUCTIONS - 1st YEAR STUDENTS

You may either print and fill this application out by hand, or download it and fill it in on your computer.

To fill it out on your computer:

1. Begin by saving a copy of this application to your computer. We suggest using your last name as part of the file name to differentiate your application from the blank template. Be sure to save the file in a location (folder) on your computer that will be easy to find.
2. **Close your web browser prior to filling in the application.**
3. Open the saved file to begin completing the application. It is recommended that you enter your school and name, save the document and reopen it to ensure that the version of the program you are using is functioning correctly.
4. Complete the application by typing your information in the fields. Certain areas of the form contain check boxes or buttons; simply click your mouse in the box/button you wish to choose. Remember to SAVE often.
5. When your application is complete, you may either:
Print and sign it where indicated, and along with your essay, give it to your high school counselor.
OR
Email it and your essay to your high school counselor.

Student Instructions:

Student's need to fill out the following sections of the application:

- PART 1
- PART 2A
- PART 2C

Once you have completed the application and written your essay, sign your application and give it, and your essay, to your high school counselor by **FEBRUARY 1**.

Counselor Instructions:

Counselors need to fill out the following sections of the application:

- PART 2B
- PART 2D

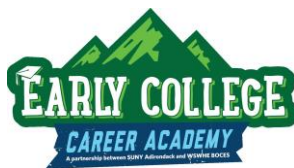
Once you have completed your portion of the application, attach the student's transcript and any other supporting materials required (e.g., IEP), sign it and, if required, obtain the signature of any other district representative.

The completed application, which consists of:

- Page 1 filled out and signed by the student WITH the student essay.
- Pages 2-3 filled out and signed by student's counselor WITH student's transcript and any other supporting materials that are required (e.g., IEP).
- Signature of the school Principal or District Representative is required on Page 3.

Send by **MARCH 1** directly to:

Rebecca Carnevall
ECCA School Counselor
WSWHE BOCES
27 Gick Road, Saratoga Springs, NY 12866
OR scan and email to: rcarnevall@wswhoboces.org



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APPLICATION FOR ENROLLMENT - 1st YEAR STUDENTS

PART 1: ALL sections are to be completed by the student applicant.

Home District <input style="width: 580px; height: 25px;" type="text"/>			
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 40%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Last Name	First Name	M.I.	Parent/Guardian Name
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Birth date - mm/dd/yyyy	Gender	Social Security #	Home Phone # - (xxx) xxx-xxxx
<input style="width: 100%; height: 25px;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Street Address	City/Town/Village	New York	Zip code
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Grade Level for Next Year	Emergency Phone # - (xxx) xxx-xxxx	Name & Relationship of Person (Parent/Sibling)	
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	
Expected High School Completion Date	Cell / Work Phone # - (xxx) xxx-xxxx	Name & Relationship of Person (Parent/Sibling)	
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	
Student e-mail address	Cell / Work Phone # - (xxx) xxx-xxxx	Name & Relationship of Person (Parent/Sibling)	
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	
Parent e-mail address			
<input style="width: 100%; height: 25px;" type="text"/>			

Are you: Please indicate your race:

A US Citizen? Y N White Native Hawaiian or Pacific Islander Black or African American

Hispanic/Latino? Y N Asian American Indian or Alaska Native Non-Resident Alien (Country) _____

If Hispanic/Latino, please indicate your background:

Dominican Puerto Rican South American Mexican Central American Other Hispanic/ Latino

PROGRAM CHOICE* (Select one):

Advanced Manufacturing IT Computer Networking

Business Entrepreneurship New Media

*SUNY Adirondack location (Queensbury campus or Wilton center) will vary depending on program offering location and/or location of home school.

Prepare a 200-300 word autobiographical essay. Include your reason(s) for applying to this program. Please type your essay using a 12 point font and attach it to this application form.

I understand the requirements for attending SUNY Adirondack's Early College Career Academy.

Student Signature _____

Date: _____

The Washington-Saratoga-Warren-Hamilton-Essex BOCES does not discriminate in its programs and activities, including employment and admission as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law. The BOCES Compliance Officers are: Turina Parker and Ronald Black, Washington-Saratoga-Warren-Hamilton-Essex BOCES, 1153 Burgoyne Avenue, Suite 2, Fort Edward, NY 12828, phone: 518-746-3310, email: tuparker@wswhiboces.org or rblack@wswhiboces.org. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646) 428-3843, email: OCR.NewYork@ed.gov



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APPLICATION FOR ENROLLMENT - 1st YEAR STUDENTS

PART 2A: To be completed by the student applicant.

Applicant's Name

PART 2B: ALL sections to be completed by the student's counselor.

<input style="width: 95%; height: 25px;" type="text"/> Counselor's Name	<input style="width: 95%; height: 25px;" type="text"/> Counselor's E-mail
<input style="width: 240px; height: 25px;" type="text"/> Counselor's Phone # - (xxx) xxx -xxx	<input style="width: 400px; height: 25px;" type="text"/> Administrator's E-mail
<input style="width: 400px; height: 25px;" type="text"/> Administrator's Name	<input style="width: 280px; height: 25px;" type="text"/> Attendance: # of days student was absent in previous school year
<input style="width: 400px; height: 25px;" type="text"/> How long have you known the applicant?	

Is this applicant on track to graduate with their cohort? Yes No

Attach student's transcript to this application. What type of diploma is the applicant pursuing?

What is the applicant's current GPA

Does the student have an IEP? Yes* No If Yes, Indicate Classification LD ED SI OHI Other

Does the student have a 504? Yes* No If this student is Declassified, are test accommodations Yes No required?

***Please provide a copy with this application. If Yes, please open access. If No, current IEP must accompany this form.**

Is this student eligible for free or reduced lunch? Yes No McKinney-Vento Eligible Foster Care

Is this student a single parent? Yes No

Please rate the applicant's characteristics below using the following key:
 1 = Unacceptable 2 = Below Average 3 = Average 4 = Above Average 5 = Outstanding

Academic Ability	<input style="width: 40px; height: 25px;" type="text"/>	Respectfulness	<input style="width: 40px; height: 25px;" type="text"/>	Self-Confidence	<input style="width: 40px; height: 25px;" type="text"/>	Leadership	<input style="width: 40px; height: 25px;" type="text"/>
Ability to Collaborate	<input style="width: 40px; height: 25px;" type="text"/>	Conduct	<input style="width: 40px; height: 25px;" type="text"/>	Effort	<input style="width: 40px; height: 25px;" type="text"/>	Accepts Correction	<input style="width: 40px; height: 25px;" type="text"/>
Works Independently	<input style="width: 40px; height: 25px;" type="text"/>	Participation in Class	<input style="width: 40px; height: 25px;" type="text"/>	Articulates Thoughts	<input style="width: 40px; height: 25px;" type="text"/>	Displays Integrity	<input style="width: 40px; height: 25px;" type="text"/>
Self Discipline	<input style="width: 40px; height: 25px;" type="text"/>	Motivation	<input style="width: 40px; height: 25px;" type="text"/>	Conflict Resolution	<input style="width: 40px; height: 25px;" type="text"/>		



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PART 2C: To be completed by the student applicant.

Applicant's Name

PART 2D: ALL sections to be completed by the student's counselor.

Please comment on the applicant's strengths

Please comment on the applicant's challenges

Counselor's Signature _____

Date: _____

Principal/District Representative's Signature _____

Date: _____

SUNY Adirondack Approval/College Official _____

Date: _____