



# PUSD AVID Application

AVID (Advancement via Individual Determination) is a four-year, elective class offered to students who would like to prepare for entrance into a four-year university. The curriculum features writing, inquiry, collaboration, reading, note-taking, study skills and college/career activities. College students are in the classroom as tutors three times a week and field trips are taken to universities. Students must commit to taking notes in classes on a daily basis. Criteria taken into consideration for all applicants include: GPA, interview, citizenship, attendance, state test scores, and recommendations.

**PARENTS:** Please have your student fill out the application and print in ink.

Student Name: \_\_\_\_\_ Parent/Guardian's Name(s): \_\_\_\_\_

Grade level in 2010-2011 school year: \_\_\_\_\_ Date of application: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian's E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School attended in 2008-2009: \_\_\_\_\_ Current GPA without PE: \_\_\_\_\_

1. What is your ethnic background?

- |                                |                             |                        |
|--------------------------------|-----------------------------|------------------------|
| _____ Indian/Native-American   | _____ Filipino              | _____ Korean-American  |
| _____ Black/African-American   | _____ Chinese-American      | _____ Pacific Islander |
| _____ Chicano/Mexican-American | _____ East Indian/Pakistani | _____ White/Caucasian  |
| _____ Latino/Spanish-American  | _____ Japanese-American     | _____ Other: _____     |

2. Besides English, do you speak another language? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

3. Parental Status (circle one): Married Divorced Separated Single Widower I do not live with my parents.

4. What is their highest level of education? Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

- A. Did Not Graduate High School
- B. High School Graduate
- C. Some College or AA/AS Degree
- D. BA/BS Degree
- E. MA/MS Degree, Professional Degree and/or PhD

5. Will you be the first in your family to attend college? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Will you be the first in your family to graduate from a four-year university? Yes \_\_\_\_\_ No \_\_\_\_\_

7. What are your career goals? \_\_\_\_\_

8. Have you ever been enrolled in AVID before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

9. Are you willing to work hard to succeed in your classes? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are you willing to take summer classes to get ahead or improve (if available)? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you take initiative and personal responsibility in your classes? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Are you willing to be a school leader and be involved in the AVID Program? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Are you willing to make a commitment to the AVID Program? Yes \_\_\_\_\_ No \_\_\_\_\_

14. What activities are you involved in at school and in the community? \_\_\_\_\_

15. Do you have difficulty completing all your homework on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain why. \_\_\_\_\_

16. How do you overcome academic challenges? \_\_\_\_\_

17. Explain why you believe you are a good candidate for AVID. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Deliver this application to the AVID Coordinator at (Circle One):**

Del Norte HS      Mt. Carmel HS      Poway HS      Rancho Bernardo HS      Westview HS



# PUSD AVID Letter of Recommendation: English Teacher



**STUDENT and PARENT:** Fill out the boxed information only, then give to your English teacher to finish.

**OPTIONAL WAIVER:** Under the provision of the Family Education Rights and Privacy Act of 1974, you have the right to see what is written on your behalf. By indicating on the blank form that you do not wish to waive your right of access, you may view the letter at any time. However, the recommender will be aware of this and will write accordingly. By indicating that you waive your right of access, you allow your recommender to be more candid.

I, \_\_\_\_\_, wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

I, \_\_\_\_\_, *do not* wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

Student Signature: \_\_\_\_\_ Grade Level in Fall of 2010: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ English Teacher's Name: \_\_\_\_\_

### What is AVID?

- Targets students who would be the first in their family to graduate from a university.
- Targets students that are capable of completing a college prep path.
- An in-school academic class that prepares students for college eligibility and success.
- Places motivated students in advanced classes and provides support with tutoring.
- Stands for Advancement Via Individual Determination.

### What AVID isn't...

- A remedial program.
- A free ride.
- A niche program.
- A college outreach program.

**TEACHER:** Please rate the student to the best of your knowledge. Your honest information will help to determine the future success of this student in the AVID program. Thank you for your time.

Attribute	Poor	Fair	Good	Exceptional (Top 10%)	No Basis for Judgment
Personal Character					
Capability of handling obstacles					
Personal initiative & responsibility					
Completes homework on time					
Participation in class					
Relationship to peers					
Personal motivational level					

Any other comments about their character, work/study habits, family background, home life, leadership...

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School Name: \_\_\_\_\_ Phone or E-mail: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Deliver this application to the AVID Coordinator at (Circle One):**

Del Norte HS

Mt. Carmel HS

Poway HS

Rancho Bernardo HS

Westview HS



# PUSD AVID Letter of Recommendation: Math Teacher



**STUDENT and PARENT:** Fill out the boxed information only, then give to your Math teacher to finish.

**OPTIONAL WAIVER:** Under the provision of the Family Education Rights and Privacy Act of 1974, you have the right to see what is written on your behalf. By indicating on the blank form that you do not wish to waive your right of access, you may view the letter at any time. However, the recommender will be aware of this and will write accordingly. By indicating that you waive your right of access, you allow your recommender to be more candid.

I, \_\_\_\_\_, wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

I, \_\_\_\_\_, *do not* wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

Student Signature: \_\_\_\_\_ Grade Level in Fall of 2010: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Math Teacher's Name: \_\_\_\_\_

### What is AVID?

- Targets students who would be the first in their family to graduate from a university.
- Targets students that are capable of completing a college prep path.
- An in-school academic class that prepares students for college eligibility and success.
- Places motivated students in advanced classes and provides support with tutoring.
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### What AVID isn't...

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- A free ride.
- A niche program.
- A college outreach program.

**TEACHER:** Please rate the student to the best of your knowledge. Your honest information will help to determine the future success of this student in the AVID program. Thank you for your time.

Attribute	Poor	Fair	Good	Exceptional (Top 10%)	No Basis for Judgment
Personal Character					
Capability of handling obstacles					
Personal initiative & responsibility					
Completes homework on time					
Participation in class					
Relationship to peers					
Personal motivational level					

What math class did you recommend this student for next year? \_\_\_\_\_

Any other comments about their character, work/study habits, family background, home life, leadership...

\_\_\_\_\_  
\_\_\_\_\_

School Name: \_\_\_\_\_ Phone or E-mail: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Deliver this application to the AVID Coordinator at (Circle One):**

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