

Dear PAVE Applicant;

Thank you for your interest in the Program for Adults in Vocational Education (PAVE) at Reynolds Community College. Enclosed you will find our Application packet including the following materials:

1. PAVE Application
2. Virginia Community College Application (**parental/guardian signature required for those who are under 18**) including Virginia Community College Domicile Determination Form (**parental signature required for students under 24, unless you are a ward of the court; independent students must contact our office for further instructions**)
3. Release and Exchange of Information Form- HIGH SCHOOL and Release and Exchange of Information- DARS OR OTHER SUPPORTING AGENCY
4. Reference Form 1 and Reference Form 2

In addition we also need the following items:

- Individualized Education Plan (IEP)
- Official Sealed Copy of High School Transcript **AND** Letter on school letterhead verifying your name, date of birth, type of diploma, and graduation date (submitted after high school graduation)
- Psychological Assessment or Evaluation, preferably from within the past 4 years Vocational Evaluation
- Students should also complete the Free Application for Federal Student Aid (FAFSA) at <http://www.fafsa.ed.gov/> by April 15th or as soon as possible.

In order for to be considered for admission to the Fall cohort for PAVE, your completed PAVE application packets and all required paperwork must be received no later than April 1.

In addition, after submitting the application packet students MUST contact the PAVE Office to schedule the REQUIRED Virginia Placement Test (VPT) as well as a pre-program interview.

Again, we thank you for your interest in PAVE. If you have any questions, please feel free to contact our office at (804) 523-5572 or visit our website:
http://www.reynolds.edu/student_services/accommodations/pave.aspx

Sincerely,

PAVE at Reynolds Community College

APPLICATION FOR ADMISSION

PAVE Program
Reynolds Community College
Phone (804) 523-5572 Fax (804) 786-4955
pave@reynolds.edu

http://www.reynolds.edu/student_services/accommodations/pave.aspx

NAME _____
First Middle Initial Last

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

DATE OF BIRTH ____/____/____ Sex (circle one) **MALE FEMALE**

SOCIAL SECURITY NUMBER: ____ - ____ - ____

HIGH SCHOOL _____ GRADUATION DATE ____/____
Month Year

DISABILITY _____

Diploma Type (circle one) **Standard Modified Standard Special Other** _____

Official letter from high school verifying diploma status is required with application

Which program would you like to study? (circle one)

CHILD CARE CLERICAL FOOD SERVICE PERSONAL CARE

Have you attended the PAVE Program before? **YES/NO**

If yes, when? _____

Do you currently have a Department for Aging and Rehabilitative Services (DARS) Counselor?
YES/NO

If yes, list name and phone number _____

Are you currently employed? **YES/NO**

If yes, where? _____

Have you completed the Virginia Community College Application for Admission? **YES/NO**

Have you filled out the Free Application for Federal Student Aid (FAFSA)? **YES/NO**

FOR OFFICE USE ONLY - STUDENT EMPL ID

Authorization for Exchange and Release of Information

Reynolds Community College PAVE Program
Phone (804) 523-5572 Fax (804) 786-4955

Date: _____

From: _____ (Student name)

To: _____ (High School)

Subject: Verification and Documentation of Disability

Student Address: _____

Date of Birth _____

Year of Graduation _____

I authorize the above-named counselor to release documentation checked off on the list below to Reynolds Community College. I also authorize the PAVE Program to share pertinent information with agencies and/or persons with a legitimate educational need to know such information.

Student Signature _____ Date: _____

Please send the requested information to:

Reynolds Community College
PAVE Program
P.O. Box 85622
Richmond, VA 23285-5622

PAVE OFFICE USE ONLY	
<input type="checkbox"/> Psychological Assessments	<input type="checkbox"/> Transition Plan
<input type="checkbox"/> Vocational Assessments	<input type="checkbox"/> Other

Authorization for Exchange and Release of Information

Reynolds Community College PAVE Program

Phone (804) 523-5572 Fax (804) 786-4955

Date: _____

From: _____ (Student name)

To: _____ (DARS Counselor)

To: _____ (Other supporting agency)

Subject: Verification and Documentation of Disability

Student Address: _____

Date of Birth _____

Year of Graduation _____

I authorize the above-named counselor to release documentation checked off on the list below to Reynolds Community College. I also authorize the PAVE Program to share pertinent information with agencies and/or persons with a legitimate educational need to know such information.

Student Signature _____ Date: _____

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PAVE Program

P.O. Box 85622

Richmond, VA 23285-5622

PAVE OFFICE USE ONLY	
<input type="checkbox"/> Psychological Assessments	<input type="checkbox"/> Transition Plan
<input type="checkbox"/> Vocational Assessments	<input type="checkbox"/> Other

Reference Form

Reynolds Community College
 Program for Adults in Vocational Education
 Phone (804) 523-5572 Fax (804) 786-4955

To be completed by applicant:

Applicant Name _____

Date of Birth _____

Program to which student is applying (circle one): **Clerical** **Child Care** **Food Service** **Personal Care**

The Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning references. The following statement is the applicant's wish regarding this reference.

I waive my right to inspect the contents of this reference I do NOT waive my right to inspect this reference

Student's Signature _____ Date: _____

To be completed by recommender:

Reference's Name _____

Telephone: _____ Email: _____

How long have you known the Applicant? _____ Organization: _____

May we contact you regarding this applicant? YES NO

Relationship to Student: _____

How would you assess the student in the following areas with regard to their intended program of study?

	Superior	Above Average	Average	Poor	Unknown
Study Skills					
Social Skills					
Motivation					
Cooperation					
Attitude					
Reliability					
Attendance					

Please provide your opinion of the applicant's ability to succeed in a college environment. Attach an additional sheet if needed: _____

Please forward this reference directly to:

Reynolds Community College
 PAVE
 P. O. Box 85622
 Richmond, VA 23285-5622

Signature: _____ Date: _____



Reference Form

Reynolds Community College
 Program for Adults in Vocational Education
 Phone (804) 523-5572 Fax (804) 786-4955

To be completed by applicant:
 Applicant Name _____
 Date of Birth _____
 Program to which student is applying (circle one): **Clerical** **Child Care** **Food Service** **Personal Care**

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Student's Signature _____ Date: _____

To be completed by recommender:

Reference's Name _____
 Telephone: _____ Email: _____
 How long have you known the Applicant? _____ Organization: _____
 May we contact you regarding this applicant? YES NO
 Relationship to Student: _____

How would you assess the student in the following areas with regard to their intended program of study?

	Superior	Above Average	Average	Poor	Unknown
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Social Skills					
Motivation					
Cooperation					
Attitude					
Reliability					
Attendance					

Please provide your opinion of the applicant's ability to succeed in a college environment. Attach an additional sheet if needed: _____

Please forward this reference directly to:
 Reynolds Community College
 PAVE
 P. O. Box 85622
 Richmond, VA 23285-5622

Signature: _____ Date: _____





APPLICATION FOR ADMISSION

For Office Use Only	
Empl. ID	_____
IS	OS
Staff Initial	_____
Date	_____

Please Note: In compliance with the Sex Offender and Crimes Against Minors Registry, a portion of this information will be submitted to the Virginia State Police.

1. Name: _____
Prefix First Full Middle Last Suffix

2. Social Security Number: _____ - _____ - _____
See privacy statement, which can be obtained in the Admissions Office.

3. Former name: _____
First Full Middle Last

4. Date of birth: _____ / _____ / _____
(Month) (Day) (Year)

5. Which college/campus do you plan to attend? _____ College /Campus _____

6. In what type of class will you be enrolling? _____ Credit classes _____ Non-credit/CEU classes

7. What term do you plan to begin classes? 20__ Term: _____ Fall (Aug-Dec) _____ Spring (Jan-May) _____ Summer (May-Aug)

8. Have you previously attended, applied for admission to, or been employed by any Virginia Community College?
 _____ No _____ Yes **If yes, SIS ID (Empl ID), if known:** _____

9. Primary Phone (include area code): (_____) _____ - _____

10. Mailing address: _____
(Street) (City) (State) (ZIP) (Country, if not USA)

11. Current Residence: _____ **Provide what you consider to be your location of residence. If you temporarily relocated to your current address to get an education, you should provide your previous location.**

12. Have you lived in Virginia for the last twelve months? ___ Yes ___ No-Where else did you live? _____
(US state or Foreign country).

13. Email address: _____ **This address will be your unofficial e-mail address; you will be assigned an official VCCS e-mail address after enrolling in a qualifying class.**

14. Emergency Contact Information: _____
First Name Last Name Relationship Phone Number Extension

15. Employer (if employed): _____

16. Business phone: (_____) _____ - _____ ext.: _____

17. Ethnicity: ___ White ___ Black/African American ___ Hispanic/Latino ___ Asian ___ American Indian/Alaska Native
 ___ Native Hawaiian/Other Pacific Islander

18. Gender: _____ Female _____ Male

19. U.S. Citizen Status: ___ Native ___ Naturalized ___ Alien Permanent ___ Alien Temporary ___ Not reported or Not living in the U.S.
Note: If you have been a U.S. Citizen since birth, choose Native. If you became a U.S. Citizen after birth, choose Naturalized. If you are not a U.S. Citizen, choose one of the types of alien statuses based on your visa. "Alien Permanent", "Alien Temporary" or "Not reported or Not living in the US" applicants must complete the remainder of the question on Citizen Status.
 Country of Citizenship? _____ Permanent Status: _____ Resident Alien ___ Asylee ___ Refugee A#: _____
 Visa Type: _____ Visa Expiration Date: _____ If you chose "Not reported or Not living in the US," what Visa Status are you requesting? _____

20. Primary Language: _____ English _____ Other

21. Military status: _____ No Military Service _____ Spouse _____ Dependent _____ Active duty _____ Active reserves
 _____ Inactive reserves _____ Retired _____ Veteran/VA Ineligible _____ Veteran
 Branch: _____ Date of Entry: _____

Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected "non-Credit", please sign and date the application.

22. High School Information

High School (graduated or currently enrolled)
 High School _____ Actual or Anticipated Graduation Date _____
mm/yy

Diploma Type: Standard Modified Standard General Achievement Advanced Studies Other
 Other (Includes: Special Diploma or Certificate of Completion), or Don't Know

Home School (graduated or currently enrolled)
 State _____ Actual or Anticipated Graduation Date _____

GED
 State _____ Award Date _____
mm/yy

No High School diploma or GED
 Last Date Attended: _____ Highest grade completed: _____
mm/yy

23. Colleges/Universities attended. If you have taken any college classes, please list the most recent first. Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

College or University	City, State/Country (if not USA)	Dates Enrolled	Degrees

24. Were you suspended or dismissed from the last college you attended? Yes No

25. Family Educational Background:

Father's Highest Education: Do Not Know Less than High School Attended High School
 Graduated from High School Attended College Associate's Degree Received a Bachelor's Degree
 Received a post-Bachelor's Degree

Mother's Highest Education: Do Not Know Less than High School Attended High School
 Graduated from High School Attended College Associate's Degree Received a Bachelor's Degree
 Received a post-Bachelor's Degree

26. Educational Goals: (*Financial Aid students must check "yes" and enroll in an approved plan of study. Include specialization/sub-plan, if applicable.*)

- I plan to pursue a degree, certificate, or diploma from my community college. Plan of study _____
(refer to the college's list of Plans).
- I do not plan to pursue a degree at this time. Reason for taking classes (**check only one**):
- Upgrading current job skills Developing skills for new job Exploring career options
- Pursuing personal interest or general knowledge Currently pursuing degree at another college (transient/visitor)
- Planning to pursue a degree at another college (non-degree/transfer)

27. High School Applicants: Dual Enrollment Principal Permission Dual Enrollment/Principal Permission

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____
 (If under 18 years of age)

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin or other non-merit.



DOMICILE DETERMINATION FORM

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

All students taking credit classes must complete this portion of the application.

1. Applicant's Name: _____ Date of birth: ____/____/____
First Full Middle Last (mm) (dd) (yy)
2. Are you a U.S. Citizen? ____ Yes ____ No If "No", are you a permanent resident? ____ Yes ____ No
 If "Yes," what is your "A number"? _____ If "No," what is your immigration status? _____
3. Are you on active duty in the U.S. Armed Forces? ____ Yes ____ No If "Yes", is Virginia listed on your Leave and Earning Statement? ____ Yes ____ No
 Date of Entry: ____/____/____ Official Duty Station: _____ Reporting Date: ____/____/____ Duration of Orders: ____/____/____
State
4. Are you the dependent of an active duty member in the U.S. Armed Forces? ____ Yes ____ No; If "Yes",
 Is Virginia listed on your Leave and Earning Statement? ____ Yes ____ No Date of Entry: _____ Official Duty Station: _____
 Reporting Date: ____/____/____ Duration of Orders: ____/____/____ State
5. Are you retired or discharged from the U.S. Armed Forces? ____ Yes ____ No If "Yes," date of discharge/retirement? ____/____/____
6. Are you the dependent of someone retired or discharged from the U.S. Armed Forces? ____ Yes ____ No
 If "Yes," what was the date of discharge/retirement? ____/____/____
7. For Students Under the Age of 24 (if you are 24 or older, skip to 8)
 Parent: My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
 Legal Guardian's: My court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.
 Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile.
 Self: I want to claim eligibility based on my own domicile. **If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.**
 I am a veteran or active duty member of the U.S. Armed Forces. Both of my parents are deceased and I have no adoptive or legal guardian.
 I have legal dependents other than my spouse. I am financially self-sufficient.
 I am a ward of the court or was a ward of the court until age 18. I have a bachelor's degree and I am working on a graduate degree.
 I am married.
8. For Students 24 or older
 Self: I want to claim eligibility based on my own domicile.
 Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile.
9. Provide the name of the person upon whom you are basing your domicile: _____
(First) (Middle) (Last)
- Using the above person's information, answer the questions below.**
10. Is the above person a U.S. citizen? ____ Yes ____ No If "No," is he/she a permanent resident? ____ Yes ____ No
 If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____
11. Is the above person on active duty in the U.S. Armed Forces? ____ Yes ____ No; If "Yes":
 Is Virginia listed on your Leave and Earning Statement? ____ Yes ____ No
 Date of Entry: ____/____/____ Official Duty Station: _____ Reporting Date: ____/____/____ Duration of Orders: ____/____/____
12. Is the above person retired or discharged from the U.S. Armed Forces? ____ Yes ____ No
 If "Yes," date of discharge/retirement? ____/____/____ State on LES prior to discharge: _____
13. Is the above person a dependent of someone retired or discharged from the Military? ____ Yes ____ No
 If "Yes", date of discharge/retirement? ____/____/____ State on LES prior to discharge: _____
14. Has the above person lived in Virginia for the last 12 months? ____ Yes ____ No
15. For the last year, did the above person (select only one):
 ____ file Virginia income taxes on all earned income ____ was a resident in a state without income tax
 ____ file as a resident in another state ____ had no taxable income
 ____ file as a resident in Virginia and as a non-resident in another state
16. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$10,712 of earned income?
 ____ Yes ____ No

For the last year, has the above person:

17. held a Virginia Drivers license or Virginia DMV ID? ____ Yes ____ No. If "No," has the above person held a Drivers license or DMV ID to any other state? ____ Yes ____ No
18. owned or operated a motor vehicle in Virginia? ____ Yes ____ No. If "No," has the above person owned or operated a motor vehicle in any other state? ____ Yes ____ No
19. been registered to vote in Virginia? ____ Yes ____ No. If "No," has the above person been registered to vote in another state? ____ Yes ____ No

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

 Signature of Applicant Date Signature of Parent, Legal Guardian or Spouse Date
(If under 24 years old)