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

___ Psychological Assessments
___ Transition Plan
___ Vocational Assessments
___ 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: _____________________

Please send the requested information to:
Reynolds Community College
PAVE Program
P.O. Box 85622
Richmond, VA 23285-5622

<table>
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<th>PAVE OFFICE USE ONLY</th>
<th>__Psychological Assessments</th>
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</thead>
<tbody>
<tr>
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<td>__Other</td>
<td></td>
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</tbody>
</table>
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?

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<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Above Average</th>
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<th>Poor</th>
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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

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?

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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

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 US. 
   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.

JSRCC Form No. 11-0000 RSVD 4/30/09
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.

<table>
<thead>
<tr>
<th>College or University</th>
<th>City, State/Country (if not USA)</th>
<th>Dates Enrolled</th>
<th>Degrees</th>
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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.

<table>
<thead>
<tr>
<th>1. Applicant’s Name: ______________________</th>
<th>First</th>
<th>Full Middle</th>
<th>Last</th>
<th>Date of birth: / / (mm) (dd) (yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Are you a U.S. Citizen? ______ Yes ______ No</td>
<td>If &quot;No,&quot; are you a permanent resident? ______ Yes ______ No</td>
<td>If &quot;Yes,&quot; what is your &quot;A number&quot;?</td>
<td>If &quot;No,&quot; what is your immigration status?</td>
<td></td>
</tr>
<tr>
<td>3. Are you on active duty in the U.S. Armed Forces? ______ Yes ______ No</td>
<td>If &quot;Yes,&quot; is Virginia listed on your Leave and Earning Statement? ______ Yes ______ No</td>
<td>Date of Entry: / / Official Duty Station:</td>
<td>Reporting Date: / / Duration of Orders: / / State</td>
<td></td>
</tr>
<tr>
<td>4. Are you the dependent of an active duty member in the U.S. Armed Forces? ______ Yes ______ No; If &quot;Yes&quot; Is Virginia listed on your Leave and Earning Statement? ______ Yes ______ No</td>
<td>Date of Entry: / / Official Duty Station:</td>
<td>Reporting Date: / / Duration of Orders: / / State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are you retired or discharged from the U.S. Armed Forces? ______ Yes ______ No</td>
<td>If &quot;Yes,&quot; date of discharge/retirement? / /</td>
<td></td>
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</tr>
<tr>
<td>6. Are you the dependent of someone retired or discharged from the U.S. Armed Forces? ______ Yes ______ No</td>
<td>If &quot;Yes,&quot; what was the date of discharge/retirement? / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. For Students Under the Age of 24 (if you are 24 or older, skip to 8)</td>
<td>( ) Parent: My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</td>
<td>( ) 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.</td>
<td>( ) Spouse: I want to claim eligibility for in-state tuition based on my spouse’s domicile.</td>
<td>( ) 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 &quot;clear and convincing evidence&quot; of your status.</td>
</tr>
<tr>
<td>8. For Students 24 or older</td>
<td>( ) Parent: My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</td>
<td>( ) 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.</td>
<td>( ) Spouse: I want to claim eligibility for in-state tuition based on my spouse’s domicile.</td>
<td>( ) 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 &quot;clear and convincing evidence&quot; of your status.</td>
</tr>
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</table>

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: / / State |
| 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 | File a resident in a state without income tax | File as a 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 |
| 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 (If under 24 years old): ______________________ Date: __/__/