

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. Release and Exchange of Information Form- HIGH SCHOOL and Release and Exchange of Information- DARS OR OTHER SUPPORTING AGENCY
3. 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/> 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 June 30th.

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/pave/default.aspx](http://www.reynolds.edu/student_services/pave/default.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/pave/default.aspx](http://www.reynolds.edu/student_services/pave/default.aspx)

NAME \_\_\_\_\_  
First Middle Initial Last

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Sex (select one) **MALE** **FEMALE**

HIGH SCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_  
Month Year

DISABILITY \_\_\_\_\_

Diploma Type (select 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? (select 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

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



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## 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?

	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Poor</b>	<b>Unknown</b>
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: \_\_\_\_\_



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

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