

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:

- 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**) (**Online**)
- PAVE admissions application (**Online**)
- Release and Exchange of Information Forms (HIGH SCHOOL and DARS OR OTHER SUPPORTING AGENCY)
- Two Reference Forms

In addition we also need the following items:

- Official sealed copy of high school transcript **AND** letter on school letterhead verifying your name, date of birth, diploma type, and graduation date (submitted after high school graduation)
- Individualized Education Plan (IEP) **or**
- Psychological Assessment or Evaluation, preferably from within the past 4 years **or**
- Vocational Evaluation, preferably within the past 4 years
- Students should also complete the Free Application for Federal Student Aid (FAFSA) at <https://studentaid.gov/by> **April 15th**.

In order for to be considered for admission to the fall admission to PAVE, your completed PAVE and Reynolds applications must be received by **June 30th**. All other documentation must be received no later than **August 1st**.

Additionally, after submitting the PAVE application students MUST contact the PAVE Office to schedule a placement test and 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

https://www.reynolds.edu/student_services/pave/default.html

Sincerely,

PAVE at Reynolds Community College

APPLICATION FOR ADMISSION
PAVE Program

Reynolds Community College

Phone (804) 523-5572 Fax (804) 371-3527 pave@reynolds.edu

https://www.reynolds.edu/student_services/pave/default.html

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 HEALTH 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) 371-3527

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) 371-3527

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 _____

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Reference Form
 Reynolds Community College
 Program for Adults in Vocational Education
 Phone (804) 523-5572 Fax (804) 371-3527

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

