

Post Office Box 85622
Richmond VA 23285-5622
www.reynolds.edu



Dear Prospective PAVE Applicant,

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

- ❖ PAVE Application
- ❖ J. Sargeant Reynolds Application
- ❖ Release and Exchange of Information Form- High School
- ❖ Release and Exchange of Information Form- Department of Rehabilitative Services (DRS)
- ❖ 2 Reference Forms- to be filled out by someone who is NOT a member of your immediate family (such as a teacher, supervisor, pastor, DRS Counselor, mentor, etc)

In addition you will also need to provide us with the following:

- ❖ Individualized Education Plan (IEP)
- ❖ Unofficial AND official high school transcripts
- ❖ Vocational Evaluation (if available)
- ❖ Psychological Assessment (if available)
- ❖ Completed Free Application for Federal Student Aid (FAFSA)-this is done online at <http://www.fafsa.ed.gov>

In order for you to be considered for admission to the Fall 2009 PAVE session, your completed application packet and the required paperwork must be received no later than April 1, 2009.

You will also need to contact PAVE to schedule a date and time to take the Ability to Benefit (ATB) test in our office (Room 331) on the Downtown Campus.

If you have any questions please feel free to contact the PAVE office at (804) 523-5572. Again, thank you for your interest in our program. We wish you the best of luck in your endeavors.

Sincerely,

Mark A. Richardson, M.Ed.
PAVE Coordinator

**J. Sargeant Reynolds Community College
Program for Adults in Vocational Education (PAVE)
Application for Admission**

Name _____ Date _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address _____

Emergency Contact Name and Phone _____

High School _____ Graduation Date _____

Social Security Number _____ Date of Birth _____ Sex **M** or **F**

Race _____ Disability _____

Which program would you like to study? _____

Have you attended the PAVE Program before? **Yes No** If yes, when? _____

Do you currently have a Department of Rehabilitative Services (DRS) counselor? **Yes No**

If yes, list name and phone number _____

Do you currently have a mental health counselor/caseworker? **Yes No**

If yes, list name and phone number _____

Are you currently employed? **Yes No** If yes, where? _____

Have you completed the J. Sargeant Reynolds 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 #
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Authorization for Exchange and Release of Information

J. Sargeant Reynolds Community College PAVE Program

Phone (804) 523-5572 Fax (804)786-4995

Date _____

From _____ (Student name)

To _____ (High School)

Subject: Verification and Documentation of Disability

Student Address _____

Social Security Number _____

Year of Graduation _____

I authorize the above-named high school to release the documentation checked off on the list below to J. Sargeant 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:

J. Sargeant Reynolds Community College

PAVE DTC Room 331

P.O.Box 85622

Richmond, VA 23285-5622

PAVE OFFICE USE ONLY	
<input type="checkbox"/> Transcripts	<input type="checkbox"/> Individual Education Plan (IEP)
<input type="checkbox"/> Vocational Assessments	<input type="checkbox"/> Transition Plan
<input type="checkbox"/> Psychological Assessments	<input type="checkbox"/> Other

High school transcripts are requested twice. Once prior to graduation to verify credits-this can be an unofficial printout-and again after graduation to verify that the student completed high school and is classified as having graduated with an approved diploma. **The second request must be an official transcript.**

Authorization for Exchange and Release of Information

J. Sargeant Reynolds Community College PAVE Program

Phone (804) 523-5572 Fax (804)786-4995

Date _____

From _____ (Student name)

To _____ (DRS Counselor)

To _____ (Other supporting agency)

Subject: Verification and Documentation of Disability

Student Address _____

Social Security Number _____

Year of Graduation _____

I authorize the above-named counselor to release the documentation checked off on the list below to J. Sargeant 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:

J. Sargeant Reynolds Community College

PAVE DTC Room 331

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

J. Sargeant Reynolds Community College PAVE Program

Phone (804) 523-5572 Fax (804)786-4995

Please note that this form must be filled out by someone such as a teacher, past employer, supervisor, counselor, mentor, etc. and NOT a member of your immediate family or a close personal friend.

Student's Name _____

Student's Social Security Number _____

Program to which student is applying: **Clerical /Child Care/ Food Service/ Health Care**

Reference's Name _____

How long have you known the student? _____

How /in what capacity do you know the 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
Social Skills					
Motivation					
Cooperation					
Attitude					
Reliability					
Attendance					

Additional comments _____

Please forward this reference directly to:

J. Sargeant Reynolds Community College

PAVE DTC Room 331

P.O. Box 85622

Richmond, VA 23285-5622

Student: 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 _____

Reference Form

J. Sargeant Reynolds Community College PAVE Program

Phone (804) 523-5572 Fax (804)786-4995

Please note that this form must be filled out by someone such as a teacher, past employer, supervisor, counselor, mentor, etc. and NOT a member of your immediate family or a close personal friend.

Student's Name _____

Student's Social Security Number _____

Program to which student is applying: **Clerical /Child Care/ Food Service/ Health Care**

Reference's Name _____

How long have you known the student? _____

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

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Additional comments _____

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Student's Signature _____ Date _____



J. SARGEANT REYNOLDS COMMUNITY COLLEGE

Application for Admission

P. O. Box 85622
Richmond, VA 23285-5622
<http://reynolds.edu> FAX (804) 371-3986

This application is required for students requesting curricular or non-curricular admission for credit courses.

Curricular Applicants

Reynolds is an equal opportunity institution with an "open door" admission policy. For admission, the college requires high school graduation or a General Equivalency Diploma (GED). The college does not require a minimum grade point average for high school graduates or minimum scores for GED graduates. The SAT (Scholastic Aptitude Test) is not required. High school seniors are required to submit official graduation transcripts upon completing the 12th grade. Applicants who are at least 18 years of age and who will not graduate from high school or earn their GED will be required to pass the college's ability-to-benefit test. All health technology program applicants must be high school or GED graduates prior to enrolling. Please refer to the college Catalog for detailed information about health technology programs and how students qualify for entry into clinical courses.

Curricular Plans and Codes

Fill in the appropriate Plan Codes (available at http://www.jsr.vccs.edu/curriculum/plan_info.htm) to complete *Question 24* on your application form. Transfer degrees (A.A. and A.S.) are designed to satisfy the first two years of the bachelor's degree at four-year colleges and universities. Students will be best prepared to succeed in these programs, if they have completed a "college preparatory" curriculum in high school. The college may place students in appropriate preparatory courses. The A.A.S. degrees, certificates, and career studies certificates are not designed generally for transfer, but to prepare graduates for employment.

Dual Enrollment Students

Students who wish to enroll in Reynolds courses while still in high school should contact their guidance office for instructions and application materials. Parents of home schooled students should contact the Central Admissions and Records office for assistance by calling 523-5029. Information is available at <http://www.jsr.vccs.edu/outreach/>

Transient Students

Students visiting the college during the summer or other semesters and who plan to return to their home college or university should request the Transient Student Approval form. This form will serve to waive certain placement tests and prerequisites as well as to ensure that a JSRCC transcript is sent to the home institution.

International Students

Non-U.S. citizens, non-native speakers, and students with foreign education backgrounds must satisfy additional requirements. Please call the International Admission Officer at 523-5029.

Dismissed Students

Students wishing to return from academic dismissal must appeal for reinstatement to the college.

For forms and additional information, please visit an Access Center, call the Admissions and Records office, or check the college's website <http://reynolds.edu>.



Virginia Community College System
Application for Admission
J. SARGEANT REYNOLDS COMMUNITY COLLEGE

For Office Use Only:

Empl ID: _____
Term: _____
 IS OS _____
Staff Initial: _____
Date: _____

1. Name: _____

First
Full Middle
Last
2. Social Security Number: _____
 See privacy statement, which can be obtained in the Admissions Office.
3. Former Name (if any): _____

First
Full Middle
Last
4. Birth Date (MONTH|DAY|YEAR): ____/____/____
5. a. Have you ever applied to any Virginia Community College? Yes No
 If yes, most recent year: _____
 b. Have you ever been employed by a VCCS college? Yes No
 c. If you answered yes to 5a. or 5b. And you know your Empl ID, please provide: _____
6. In what type of classes will you be enrolling? Yes credit classes Yes non-credit classes Yes both
7. What campus/college do you plan to attend: J. Sargeant Reynolds Community College _____
8. Prefix: Mr. Miss Ms. Mrs. Other: _____
9. Suffix: Jr. Sr. II III Other: _____
10. What term will you begin classes? 20__ Term: FALL TERM SPRING TERM SUMMER TERM
11. Home Phone (include area code):(_____) _____
12. Mailing Address: _____

Street Address
City
State
Zip/Postal
Country
13. If you live in Virginia, provide your city or county of residence: _____
 If you live outside of Virginia, provide the state and/or country of residence: _____
14. E-mail Address: _____
15. Business Phone (If employed): _____ Ext. _____
16. Employer Name (If employed): _____
17. Gender: (Check one) Male Female
18. Is English your native language? (Check one) Yes No
19. Are you a U.S. citizen?: Yes No (If yes, continue to question #20)
 If no, what is your country of citizenship? _____
 What is your current immigration status with the U.S.?
 Not in U.S.—I am requesting _____ visa status.
 Currently in U.S.
 Permanent Status: resident alien asylee refugee A# _____
 Temporary Status: specify visa type _____ and expiration date: _____

(mm|dd|yyyy)
20. Racial/Ethnic Group: American Indian or Alaskan Native Asian or Pacific Islander Black
 Hispanic White Other: _____
21. Military Information: Active Duty Active Reserves Inactive Reserves Retired
 Veteran Military Spouse Military Dependent Child Branch: _____

22. Secondary Education:

High School/Agency Name: _____, **OR** Home School

Located in: _____
City/County State Country

GED or High School Graduation Date: _____ (mm/yyyy)

Anticipated Graduation Date: _____ (mm/yyyy)

Non-Graduate: Highest grade completed: _____ Date Completed: _____ (mm/yyyy)

Type of high school diploma or certificate: _____
 Please use the following types of diplomas or certificates: General Diploma (Include: Advanced Studies, Standard, Modified Standard, or GED), Other (Includes: special Diploma or Certificate of Completion), or Don't Know.

23. Transcripts, Placement Test, SAT/ACT Scores:

Please send any official transcripts, placement test results from other colleges, and/or SAT/ACT test scores to the college Admissions Office.

24. Do you plan to pursue a degree, certificate or diploma? Yes No

If Yes, identify your plan of study — *refer to list of plans*: _____
(include sub-plan, if applicable)

Financial Aid students must check 'yes' and must enroll in an approved curricular plan of study.

If No, give your reason for taking classes: **(Check only one)**

- upgrading job skills developing job skills exploring career options pursuing personal interest or general knowledge
- planning to pursue a degree at another college **(non-degree/transfer)**
- currently pursuing a degree at another college **(transient/visitor)** pursuing college courses while in high school

25. Colleges/Universities attended. If you have taken any college credit classes, please list all colleges attended with 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)	Years Enrolled FROM — TO	Degrees

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.

26. Are you eligible to enroll at the last college attended? Yes No

27. Do you want to apply for in-state tuition? Yes No Selecting NO will cause you to be charged out-of state tuition.

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.

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. If you wish to be considered for in-state tuition rates, certain contract rates, or are planning to apply for Senior Citizen benefits, you must also complete the application for In-State Tuition.

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) handicap, national origin or other non-merit factors. Employer, date of birth, social security, sex, and race information are optional and used for research, reporting and management of student records; Social Security Number is required in order to receive 1098T for taxes, loan deferment, or Financial Aid.

Application for In-state Tuition

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia.

28. Please choose the domicile where you want to base your eligibility for in-state tuition:

- Parent's Domicile, Legal Guardian's Domicile, Spouse's Domicile, Your Domicile

29. Your Name:

In-State Tuition

First: Middle: Last:

Based on: You Parent's Legal Guardian Spouse

Their First: Middle: Last:

30. Answer the following questions.

For the entire 12 months prior to the term in which you enroll, will

- your Parent your Legal Guardian your Spouse or you have...
... continuously lived in and will continue to live in Virginia?
... filed a tax return or paid income taxes to Virginia?
... been a United States citizen?
... been a permanent alien resident?
... been registered to vote in Virginia?
... held a valid Virginia driver's license or Virginia DMV ID?
... owned or operated a motor vehicle registered in Virginia?
... lived outside of Virginia, but worked in Virginia, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income in this Commonwealth?
... filed a tax return or paid income taxes to a state other than Virginia?
If yes, paid or filed in what state?

31. Are you on active duty with the military? Yes No

If yes, enter the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state: Are you stationed in Virginia pursuant to orders? If yes, provide the reporting date listed on your orders to Virginia.

32. Have you retired or been discharged from the military? Yes No

If yes, enter the retirement or discharge date.

33. Is your spouse on active duty with the military? Yes No

If yes, enter the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state: Is your spouse stationed in Virginia pursuant to orders? If yes, provide the reporting date listed on your spouse's orders to Virginia.

34. Has your spouse retired or been discharged from the military? Yes No

If yes, enter the retirement or discharge date.

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.

Applicant's Signature: Date:

Parent/Legal Guardian Signature: Date: