



Applicant Information

Student Name			
Birth Date		Shasta College ID	
Address			
	Street Address		
	City	State	Zip Code
Student Contact Information			
	Student Cell	Student Home Email	
High School			

Parent / Guardian Information

Parent / Guardian Name		
Contact		
	Parent Cell	Parent Email

Educational Objectives for College Connection (Please Check One)

<input type="checkbox"/>	Program Leading to one-year certificate for work opportunity
<input type="checkbox"/>	Program leading to two-year associate degree
<input type="checkbox"/>	Program leading to two-year associate degree /transfer to a four year college or university
<input type="checkbox"/>	Program leading directly to a four-year college or university

List interested colleges and universities:

What is your intended occupation or field of study?

List any work hours and /or extracurricular activities planned for your senior year.



Student Essay Section

Discuss your reasons for selecting College Connection as opposed to traditional senior year, as well as your readiness for such a program. Consider your special qualities, talents or abilities past successful experiences, constructive handling problems or challenges. Include your future goals and plans. Limit your essay to two typewritten pages.



Parent Statement Section

Discuss your child's readiness for College Connection. Consider his/her special qualities and abilities, maturity level, self-directedness, motivational level, and past examples of success. Type your response below.



Evaluation by Counselor

Name of Student: _____

1. Does this student have any discipline issues or problems? No Yes
If yes, please attach school discipline record.
2. Does this student have any attendance or tardiness issues/problem? No Yes
If yes, attach attendance report.
3. Does this student have an I.E.P.? **No Yes** Does this student have a 504 Plan? No Yes
If yes, what accommodations is the student currently receiving

Applicant's academic & personal characteristics: Check one number/ box for each line

(5= excellent, 4 = good, 3 = average, 2 = below average, and 1 = poor).

	5	4	3	2	1
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy and Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth and Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manners, personal habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

READINESS FOR COLLEGE CONNECTION:

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Comments on above ratings

Counselor Signature

Printed Name

Date



Counselor Assessment of Student Credits

TO BE FILLED OUT BY COUNSELOR AND INCLUDED IN APPLICATION

Student Name: _____

High School _____

Counselor _____

Please answer the following questions assuming that the student passes *all* courses in which he or she is currently enrolled.

1. What credits are needed for graduation and for A-G qualification?

Course	Units need for graduation	AtoG
English		
Mathematics		
Recommended SC math class please select from below course descriptions.		
World History		
United States History		
American Government		
Economics		
Life Science		
Physical Science		
Foreign Language		
PE		
VAPA		
Vocational Art		
Other		
Other		

Developmental

Math 101 Basic Algebra
Math 102 Intermediate Algebra Math
114 Pre-statistic

Transfer level

Math 2 Pre-Calculus Math 2A - Pre-Cal Algebra
Math 2B - Pre-Calculus Trigonometry
Math 3A - Calculus I
Math 14 Introduction to Statistics

How many total credits will the student need to meet your graduation requirement?

Please list any additional graduation requirements that the student will need to complete.

Is the student an athlete? _____ If so what NCAA Division I requirements is the student lacking?

REMINDER – Please email a copy of the student's transcripts, attendance and discipline reports
Counselor Signature :