



Butler Community College Early College IT Academy Application 2015-2016



- ◆ Preferred application deadline of **FRIDAY, MARCH 27th**. Applications received after March 27th will be considered for potential openings.
- ◆ Additional applications may be obtained by making copies of the application or contacting your Counselor.
- ◆ Only complete applications will be accepted.
- ◆ **Application Requirements:**
 - ✓ Must be interested in an IT related field
 - ✓ **Must have 2.5 GPA (on 4.0 scale) – Please include a copy of your current high school transcript**
 - ✓ Meet placement test requirements
 - ✓ Must have Good Attendance
 - ✓ Must have Good Behavior Record
 - ✓ Completed application
 - ✓ Recommendation from high school counselor or administrator
 - ✓ Statement that explains your personal interest in the Early College IT Academy (space provided in the application)

I. STUDENT INFORMATION

Please type or print legibly in ink all responses below

Select one: Incoming 11th Grade Student Incoming 12th Grade Student

Last Name First Name Middle Initial (Preferred Name)

Birth Date (Month/Day/Year) Home Phone Number (Including Area Code) Cell Phone Number (Including Area Code)

Permanent Street Address PO Box/Rural Route Personal Email Address

City State County Zip Code

ACT, COMPASS, ASSET or Other Test Score (please indicate which test and score)

Gender: Female
 Male

Ethnicity: (optional)
Hispanic/Latino Yes No

Race: Check one or more (optional)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Caucasian (White)
 More than one race
 Other _____

How did you find out about the Early College IT Academy? _____

Are you currently enrolled in IT related courses at your high school? Yes No

If yes, which IT related courses are you currently enrolled in at your high school? _____

Have you previously taken IT related courses at your high school? Yes No

If yes, what IT related courses have you successfully completed at your high school? _____

Please rate your top 3 IT areas of interest at Butler Community College (1-1st Choice, 2-2nd choice, 3-3rd choice).

- Digital Media Interactive & 3D Technology Networking Management-Cyber Security
 Networking Management-Internetworking Management Software Development
 Web Development

Please describe below why you are interested in participating in the Early College IT Academy (200 word maximum).

II. SCHOOL INFORMATION

Name of School Currently Attending	Grades attended	Expected date of Graduation
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School Address	City	State	Zip	School Counselor/Advisor's Name
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Name of School Previously Attended	Grades attended	Phone number
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School Address	City	State	Zip	School Counselor/Advisor's Name
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III. PARENT INFORMATION

Parent/Guardian Name	Relationship	Address	City	State	Zip Code
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Home Phone	Cell Phone (Optional)	E-Mail
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Occupation	Employer
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Parent/Guardian Name	Relationship	Address	City	State	Zip Code
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Home Phone	Cell Phone (Optional)	E-Mail
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Occupation	Employer
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IV. College Commitment

With your child's acceptance into the Early College IT Academy there comes a financial responsibility to gain college credit. Many of the courses scheduled as part of the Early College IT Academy are dual credit opportunities. Students will gain credit towards High School graduation and at the same time college credit towards an IT certificate at Butler Community College. Each Butler Community College credit hour will be charged at the current per credit rate. It is understood that this cost (including but not limited to tuition, fees, and books) will be the responsibility of the student just as any college course taken.

Parent/Guardian Name (print)

Signature

Relationship

VI. Information to be completed by school advisor, counselor, or registrar:

Name of advisor/counselor/registrar

Title

School Phone Number

I certify that _____

- has a current overall GPA of _____ (on a 4.0 point scale)
- class rank is ____ of _____
- has an attendance record that will allow him/her to be successful in the Early College IT Academy.
- is a student in good standing and has no major behavioral infractions.

Signature of advisor/counselor/registrar

Date

VII. High School Official – Recommendation:

I recommend _____ to participate in the Early College IT Academy.

Printed Name & Signature of High School Official (Principal/Counselor)

Date

I certify that the application was completed by me (the student), and that all information is accurate. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or the program. If I am selected for the program and choose to participate, I agree to abide by all program rules and guidelines. I understand that this is a longitudinal program and if I am selected, I agree to supply all information as requested to assess my progress toward an IT certificate at Butler Community College.

Student Signature

Date

I have read the application and certify that the information is accurate. I give permission for my child to apply and participate in this program. If my child is accepted, I understand that I will receive additional information regarding the program. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond to surveys regarding my child and his/her progress. I understand that this information will remain confidential.

Parent/Guardian Signature

Date

Please return completed application to:

Mel Whiteside
Early College IT Academy
Butler Community College
715 E. 13th Street
Andover, KS 67002

If you have questions, please call or email:

Mel Whiteside
316.218.6348
mwhiteside@butlercc.edu
www.butlercc.edu/highschool