



# Butler Community College Early College IT Academy Application 2015-2016



- ◆ Preferred application deadline of **FRIDAY, MARCH 27<sup>th</sup>**. Applications received after March 27<sup>th</sup> 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 11<sup>th</sup> Grade Student                       Incoming 12<sup>th</sup> 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 (1-1<sup>st</sup> Choice, 2-2<sup>nd</sup> choice, 3-3<sup>rd</sup> 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

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

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<b>Parent/Guardian Name</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Home Phone</b>	<b>Cell Phone (Optional)</b>		<b>E-Mail</b>		
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<b>Occupation</b>	<b>Employer</b>				
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<b>Parent/Guardian Name</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Home Phone</b>	<b>Cell Phone (Optional)</b>		<b>E-Mail</b>		
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<b>Occupation</b>	<b>Employer</b>				
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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. 13<sup>th</sup> Street  
Andover, KS 67002

**If you have questions, please call or email:**

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