

Landmark College Summer Application Checklist

Applications are considered on a rolling basis until programs are fully enrolled.
Enrollment is limited to allow for maximum attention and support,
and early applications are encouraged.

**NOTE: A diagnosed learning disability is not required for admission
to any LC summer program.**

SUMMER APPLICATION REQUIREMENTS FOR ALL STUDENTS

- ☐ Completed and signed application
- ☐ \$25 application fee
- ☐ High school transcript(s)

Current High School Students —

All completed coursework to date

Recent Graduates and College Students —

Final high school transcripts

- ☐ College transcript(s) —
All completed coursework to date
- ☐ Educational Recommendations
(see form included in application)
- ☐ Parent/Guardian Statement
(see form included in application)
- ☐ Interview (Phone or Online)
- ☐ ACT or SAT scores (if taken)

ADDITIONAL REQUIREMENTS BY PROGRAM

High School Summer Programs (Traditional & Social Pragmatics Tracks)

- ☐ Course selection form
(See course listing at landmark.edu/summer)

Summer Bridge Experience Program

- ☐ Course selection form
(See course listing at landmark.edu/summer)

Summer College Readiness Program

- ☐ Letter of admission to a four-year college
or university

All Students Considering Enrolling at LC for the Fall Semester

- ☐ Psycho-educational testing
(see landmark.edu/admissions for details)

Questions?

For any questions you may have about Landmark College's Summer Programs
or how to apply, contact the Office of Short-Term Programs at
summer@landmark.edu or **802-387-6885**

SUMMER FINANCIAL AID

Financial aid applications are considered on a first-come, first-served basis.
Early applications are encouraged. To request an application, email summer@landmark.edu.



Summer Programs Application for Admission

Please answer all questions completely. Please print clearly or type.

Today's Date _____
Month/Day/Year

STUDENT INFORMATION

Legal Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Primary Email Address _____

Date of Birth _____ / _____ / _____ Current Age _____

Legal Sex ☐ Male ☐ Female ☐ Another Legal Sex Gender _____

Chosen Name _____

SUMMER PROGRAM SELECTION

I am applying for: ☐ **High School Summer Program,
Traditional Track**

☐ **Summer Bridge Experience**

☐ **High School Summer Program,
Social Pragmatics Track**

☐ **5-Day Online Boot Camp**

☐ **Summer College Readiness Program**

Have you ever applied to or attended Landmark College? ☐ Yes ☐ No If yes, when: _____

CITIZENSHIP

Place of Birth _____
City/Town State/Province Country

☐ U.S. citizen ☐ Dual U.S. citizen Please specify other country of citizenship _____

☐ U.S. Permanent Resident Visa; citizen of _____ Alien registration number _____

☐ Other citizenship _____
Visa

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? _____

What is your first language? _____

(continued)

ETHNICITY (optional)

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino? ☐ Yes ☐ No (If yes, country of family's origin:_____)

If you are not Hispanic or Latino, please select one or more of the following categories:

☐ Asian (country of family's origin:_____)

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

☐ White

☐ American Indian or Alaska Native

ABOUT YOUR EDUCATION

Are you currently enrolled in school? ☐ Yes ☐ No If yes, what is your current grade?_____

Please list all high schools, colleges, and/or universities you have attended. Attach additional sheets if necessary.

Name

CEEB Code
(If known)

Dates Attended
(From — To)

Location
(City, State)

Reason for Transfer
(if applicable)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you receive a GED? ☐ Yes ☐ No If yes, list date:_____

STANDARDIZED TESTING INFORMATION

Have you taken the SAT or ACT? ☐ Yes ☐ No If yes, when? _____
Month/Year Month/Year

LEARNING DIAGNOSIS INFORMATION

Have you been diagnosed with a learning disability, ADHD, or ASD? ☐ Yes ☐ No

What was the diagnosis? _____

Date of diagnosis_____

(continued)

Please list your employment history (most recent first):

Job or Activity	Position or Duties	Dates Employed: From/To	Hours per Week
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Have you ever been placed on probation, suspended, removed, dismissed, or expelled from any school, college or university, summer camp, or other program, academic or otherwise? ☐ Yes ☐ No

If yes, please explain: _____

Other than traffic offenses, have you ever been convicted of a misdemeanor, felony, or other crime? ☐ Yes ☐ No

If yes, please explain: _____

ABOUT YOUR FAMILY

☐ Parent #1 Name ☐ Legal Guardian #1 Name _____

Home Address (if different from yours) _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Email Address _____

☐ Parent #2 Name ☐ Legal Guardian #2 Name _____

Home Address (if different from yours) _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Email Address _____

With whom do you reside? ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both ☐ Other (Please explain.)

(continued)

How did you first learn about Landmark College's Summer Programs? (Check all that apply)

- ☐ Brochure
- ☐ Education Professional _____ (name)
- ☐ Email _____
- ☐ Family Member, Parent, or Guardian
- ☐ Friend or Colleague _____ (name)
- ☐ Health Professional _____ (name)
- ☐ Landmark College Graduate or Current Student _____ (name)
- ☐ Social Media
- ☐ Internet Search
- ☐ Digital Ad
- ☐ Other _____
Please specify

Applicant Statement

By applying to a Landmark College Summer Program and signing this application for admission, I indicate my understanding that this is a short-term program designed to help students become more effective and independent learners. Programs include academic classes and recreational activities. I understand that I must be prepared to attend class meetings and do nightly coursework. I recognize that students who are motivated to meet Landmark College's high standards and expectations generally realize improved academic performance. Conversely, students unprepared to put forth thoughtful and considerable effort toward achieving program goals, or who may have issues secondary to academic performance that require their focus, may have difficulty achieving the learning outcomes. I further understand that admission to and apparent success in this program are not indicative of my admissibility to Landmark College or any other college programs. I authorize every school that I have attended to release all requested records and recommendations to Landmark College. I also authorize employees at Landmark College to confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

My signature indicates the information in my application is correct, inclusive, and honestly presented.

Signature of Applicant _____ Date _____

Landmark College is committed to creating an environment free from discrimination and harassment. LC does not discriminate in its educational and employment policies on the basis of race, color, sex, marital status, religion, creed, national or ethnic origin, age, military or veteran status, sexual orientation, and gender identity and expression. Discrimination and harassment based on these categories are prohibited and not in keeping with our community values.

Send completed application to address below or scan and email to summer@landmark.edu.

Summer Programs, Landmark College, 19 River Road South, Putney, VT 05346-8517



Parent or Guardian Statement

Today's Date _____
Month/Day/Year

Student's Name _____
First Middle Last

Parent's Name _____

As a parent/guardian, you spend more time with your child than anyone else. Please share your insights on this form. Please rate how much of a challenge each of the following is regarding your child's overall performance and success:

	Not a Challenge	Moderate Challenge	Major Challenge	No Basis for Judgment
Adapting to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building and maintaining friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocating for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking up for school independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting ready for school independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starting assignments (activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustaining attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refocusing attention to a new task (transition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notetaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

In what areas have you witnessed the most growth in your child?

Academically: _____

Socially: _____

What are your child's most notable personality traits? _____

What goals do you have for your child in this program? _____

Is your child aware of these goals? _____

Can you describe how your child learns best? _____

What are your child's strengths? _____

What are your child's greatest challenges? _____

Is screen time a problem for your child? What strategies do you currently use at home to help your child with this behavior?

Send completed form to address below or scan and email to summer@landmark.edu.

Summer Programs, Landmark College, 19 River Road South, Putney, VT 05346-8517



Recommendation for Landmark College Summer Program

Today's Date _____
Month/Day/Year

1. INSTRUCTIONS FOR THE STUDENT

This recommendation form should be completed by a teacher, counselor, or professional who knows you well. Please do not ask a relative or personal friend for a recommendation. Once you have confirmed who will write your recommendation, please complete lines A and B below, and then give this form to the person who has agreed to write your recommendation. The recommender should return the completed form directly to Landmark College.

A. Student's Name _____
First Middle Last

B. Person Writing Recommendation _____

2. INSTRUCTIONS FOR THE PERSON MAKING THE RECOMMENDATION

The above-named student has applied to a Landmark College Summer Program, designed to introduce students to strategies and skills that will allow them to be more effective and independent learners.

Please complete in full the reverse side of this form. We ask you to candidly share your thoughts about this student's specific challenges, motivation, academic performance, honesty, ability to set realistic goals, interpersonal skills, sense of humor, and any other observations relevant to their performance. Because of the specialized nature of our program, any information that would help us to respond successfully to the student's learning needs is especially helpful. Please include any additional comments you think might assist us in evaluating this student's application, including any in-school suspensions, dismissals, out-of-district placement, or if a student was transferred due to behavioral issues.

Confidentiality Policy

Your effort to realistically assess the potential of this candidate is greatly appreciated. This form and any additional comments/recommendations you provide will be used for admission and advisement purposes by Landmark College for a Summer Program.

Recommender's Name _____

School/College/University/Institution Affiliation _____

Recommender's Title _____

Relationship to Student _____ Years Acquainted with Student _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ – _____ Email Address _____

(continued)

STUDENT RECOMMENDATION

Please rate how much of a challenge each of the following is regarding this student's overall performance:

	Not a Challenge	Moderate Challenge	Major Challenge	No Basis for Judgment
Adapting to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building and maintaining friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocating for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starting assignments (activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustaining attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refocusing attention to a new task (transition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notetaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student for studies at a Landmark College Summer Program

☐ Enthusiastically ☐ With reservation ☐ Do not recommend

Please explain the reasons for your recommendation and provide any additional insights that might assist us in evaluating this student's attitude, motivation, and potential to succeed in a Landmark College Summer Program.

Recommender's Signature_____ Date_____