

# APPLICATION: IT CareerPaths

A continuing education program of Carroll Community College

(Please print or type legibly)

<b>Personal Data</b>			
_____	_____	_____	_____
Last Name	First Name	Nickname	Middle Initial
_____	_____	_____	_____
Street Address	City	State	Zip
Home Telephone _____	Age _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Current Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
How did you hear about IT CareerPaths? <input type="checkbox"/> School <input type="checkbox"/> Library <input type="checkbox"/> Other (Describe) _____			
Areas of IT Interest: <input type="checkbox"/> Programming <input type="checkbox"/> Networking <input type="checkbox"/> Video Game Design <input type="checkbox"/> Hardware/Software			
<input type="checkbox"/> CAD <input type="checkbox"/> Database <input type="checkbox"/> Systems Engineering/Design <input type="checkbox"/> Other (Describe) _____			

<b>School &amp; Community Activities/Responsibilities</b>		
List up to four school or community related activities in which you have participated during the last two years.		
<b>Name of school club/organization/sport</b>	<b>Dates Involved</b>	<b>Your Role</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Essay</b>
Please tell us in one page or less why you are interested in participating in IT CareerPaths. Please attach an additional sheet of paper if necessary.
_____
_____
_____
_____

(Application continues on other side)

**References**

Please select two adults — one a teacher who can complete the attached TEACHER REFERENCE form for you and one, (not a teacher, parent, or relative) who can complete the attached COMMUNITY REFERENCE — and ask each to complete and submit the corresponding form to the address listed below by the application deadline. Complete the following to indicate to whom you gave the reference forms.

**Teacher Reference**

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Name of reference

---

Position/Title

---

School

---

Telephone Number

**Community Reference**

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Name of reference

---

Position/Title

---

Organization

---

Telephone Number

**Parent/Guardian Permission**

If accepted, my son/daughter has permission to participate in this program. I understand that this includes attending four full-day sessions at Carroll Community College and other locations on June 25, 26, 27 & 28, 2012, from 9:00 a.m. to 4:00 p.m. on each day. As this is a college/workplace experience, I understand that appropriate attire is required each day (no jeans, t-shirts, or shorts) and that I must provide transportation to and from Carroll Community College for my son/daughter on all four days.

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Print Name of Parent or Guardian

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Signature of Parent or Guardian

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Date

**Student Agreement**

I certify that all answers given herein are true and complete to the best of my knowledge. If selected, I commit to attend all four full-day sessions of IT CareerPaths. As this is a college/workplace experience, I understand that appropriate attire is required each day (no jeans, t-shirts, or shorts). The program dates are June 25, 26, 27 & 28, 2012, from 9:00 a.m. to 4:00 p.m. at Carroll Community College.

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Signature of Applicant

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Date

*Students at Carroll Community College, regardless of race, color, religion, sex, national origin, age or disability, have equal access to all services, programs, activities and facilities of the college.*

Send application to:  
Continuing Education and Training  
Carroll Community College • 1601 Washington Road • Westminster, MD 21157

# TEACHER REFERENCE FORM

## Part 1—To be completed by Applicant

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

School

I am applying to be a participant in Carroll Community College's IT CareerPaths program.  
I request and authorize you to complete Part 2.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

## Part 2— To be completed by Teacher

**The information you provide will be kept confidential and will not be divulged to the student.**

Please send the completed form to:

**Continuing Education and Training  
Carroll Community College  
1601 Washington Road  
Westminster, MD 21157**

Based on your knowledge, please rate this student for each criteria: 5 being the highest and 1 being the lowest.

	5	4	3	2	1
Student initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated willingness to work	<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"/>
Do you recommend this student for IT CareerPaths?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Teacher Name

\_\_\_\_\_

Position

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

School

# COMMUNITY REFERENCE FORM

## Part 1—To be completed by Applicant

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
School

I am applying to be a participant in Carroll Community College's IT CareerPaths program.  
I request and authorize you to complete Part 2.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Part 2— To be completed by Community Member (not a teacher, parent or relative)

The information you provide will be kept confidential and will not be divulged to the student.

Please send the completed form to:

Continuing Education and Training  
Carroll Community College  
1601 Washington Road  
Westminster, MD 21157

Based on your knowledge, please rate this student for each criteria: 5 being the highest and 1 being the lowest.

	5	4	3	2	1
Student initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated willingness to work	<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"/>
Do you recommend this student for IT CareerPaths?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization