



## Spoto High School AVID Program Application



**Advancement Via Individual Determination (AVID)** is a program that helps students prepare and to get into college as well as become successful once they get there. AVID helps students improve their writing, reading, math and study skills that are so necessary to success in high school, college and in professional careers. In AVID, you will receive extra tutoring, field trips, career and college counseling, and extensive academic instruction. You will be working only with other students, who are working towards going to college and succeeding.

If you are interested in this challenging and rewarding class, please fill out this application and turn it in to **Mrs. Mercer** in Room **212** or **to your guidance counselor** once the application is reviewed, you will be contacted for an interview.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Teachers who know you best: \_\_\_\_\_

Your Previous School: \_\_\_\_\_

Do you plan to graduate? Yes No Do you plan to go to College? Yes No

Please answer the following questions in complete sentences.

1. What do you like most about school? \_\_\_\_\_

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

2. What do you like least about school? \_\_\_\_\_

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

3. What do you think is your strongest academic area? \_\_\_\_\_

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

4. What do you think is your weakest academic areas? \_\_\_\_\_

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

5. Why do you wish to be in the AVID program? \_\_\_\_\_

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6. How much time do you spend studying at home? \_\_\_\_\_

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7. How do you make sure you use your time in class productively? \_\_\_\_\_

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8. Give an example of your use of self-discipline? \_\_\_\_\_

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9. Why do you want to go to College? \_\_\_\_\_

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10. Do your parents support you going to College? \_\_\_\_\_

11. What would you like to do in the future? \_\_\_\_\_

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12. In what subject areas do you think you might like to major in college and/or following College?

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13. What kind of special help do you think you might need in the AVID program?

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14. What else would you like us to know about you that will help us to evaluate your candidacy for the AVID program? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



