



Early College at Northglenn STEM

EC@N-STEM

A P-TECH Community



2017-2018 Application



Checklist:

Please mark off each item below once it has been completed.

- Personal Information
- School Records (Grades, Attendance, Discipline)
- General Teacher Recommendation
- Counselor Recommendation
- Statement of Career Interest
- Math/Science Teacher Recommendation
- Parent/Guardian Form

Accepted from October 31 – December 9, 2016 (no late applications)

Step 1: Personal Information – PRINT CLEARLY

Full Name: _____ Birthdate: _____ Gender: _____ Current Grade: **8**

Street Address: _____ # _____ City: _____ Zip: _____

AD 12 Student #: _____ Parent/Guardian Names: _____

Home Phone: _____ Cell: _____ Email: _____

Current School: _____ School District: _____

Boundary High School: _____ Boundary District: _____

Office Use Only.

Date submitted: _____ App. CI Rec 1 Rec 2 Rec 3 Att Disc PGI

Boundary School: Horizon Legacy Mountain Range Northglenn Thornton Other: _____

Boundary District: Adams 12 Adams 50 Brighton 27J Denver Jefferson Mapleton Other: _____

Decision: Accept Waitlist # _____ Decline

Step 2: Statement of Career Interest

- (A) On an **additional sheet of paper** write a career interest statement. It should include information about career goals, experiences that helped you make a decision about a career path, why you want to be in the EC@N-STEM program, and what you think this will mean to you in terms of your education and future goals.
- (B) “I, the undersigned have completed this application to the best of my ability. I understand that this program will take between four and six years to complete, and I will not be able to complete my high school graduation requirements before the end of year 4. I also understand that I will participate in unique learning experiences, internship opportunities, and employment possibilities with Level 3 Communications. Because of this, I will participate in: college level coursework, extended day/year options, and may extend my high school education to receive my associate’s degree by two years.”

Student Signature: _____ Date: _____

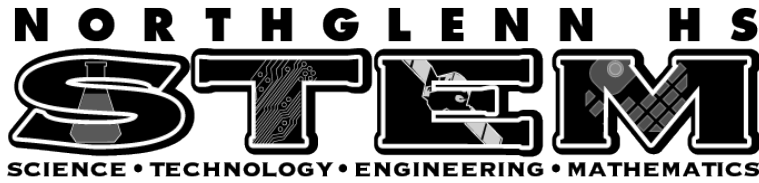
Step 3: School Records

Include: an unofficial copy of your current transcript, eighth grade attendance, and any discipline records.

Mail or Deliver to: Northglenn HS STEM Attn: Application 601 W. 100 th Place Northglenn, CO 80260	For questions, feel free to contact a Coordinator.	
	P-TECH Coordinator Mr. Kerry Glenn Kerry.Glenn@adams12.org 720-972-4629	STEM Coordinator Mr. Nick Kosovich Nick.Kosovich@adams12.org 720-972-4689

Step 4: Letters of Recommendation

Attached are **three** recommendation letters. One needs to be completed by your math or science teacher. A teacher of your choosing can complete the other. Your middle school counselor needs to submit the third. The completed letters need to be faxed, (720) 972-4739, or mailed to Northglenn High School.



Current Math or Science Teacher Recommendation for 2017-2018 EC@N-STEM

Teacher, if a student is applying for both STEM Pathways and EC@N-STEM, please check here [].

You only need to complete one recommendation.

Printed Student Name: _____ Current School: _____

All information will be kept confidential.

What is the name of the class(es) in which you've had this student? _____

Please rank this applicant's abilities. 5 = Exceptional (Top 5%), 4 = Excellent (Top 10%), 3 = Average, 2 = Fair, 1 = Poor, N = Not Sure

1. Demonstrates academic ability.	5	4	3	2	1	N
2. Follows through on work.	5	4	3	2	1	N
3. Driven by curiosity.	5	4	3	2	1	N
4. Willing to take reasonable risks.	5	4	3	2	1	N
5. Responsible. (Leadership)	5	4	3	2	1	N
6. Generates questions on his or her own – questions the common or unusual.	5	4	3	2	1	N
7. Approaches difficult problems with ingenuity.	5	4	3	2	1	N
8. Functions well within a team. (Collaboration)	5	4	3	2	1	N
9. Self-directed; requires a minimum of adult direction and attention.	5	4	3	2	1	N
10. Able to plan and organize activities, direct actions, and evaluate results.	5	4	3	2	1	N
11. Completes high quality work as directed and on time.	5	4	3	2	1	N
12. Attends class regularly.	5	4	3	2	1	N
Overall recommendation of this applicant	5	4	3	2	1	

Please share your candid opinions about this student's ability to be successful in EC@N-STEM Program (includes AAS in Computer Information Systems).

Thank you for your time!

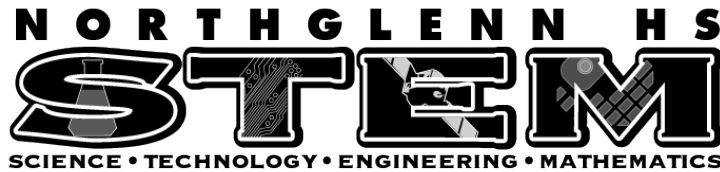
Evaluator's Printed Name: _____ Evaluator's Signature _____ Date: _____

Please return to:

**Northglenn HS STEM
 Attn: EC@N-STEM Application
 601 W. 100th Place
 Northglenn, CO 80260**

**or you may fax to:
 (720) 972-4739**

Recommendation must be RECEIVED by 12/9/16.



Teacher Recommendation for 2017-2018 EC@N-STEM

Teacher, if a student is applying for both STEM Pathways and EC@N-STEM, please check here [].
You only need to complete one recommendation.

Printed Student Name: _____ Current School: _____

All information will be kept confidential.

What is the name of the class(es) in which you've had this student? _____

Please rank this applicant's abilities. 5 = Exceptional (Top 5%), 4 = Excellent (Top 10%), 3 = Average, 2 = Fair, 1 = Poor, N = Not Sure

1. Demonstrates academic ability.	5	4	3	2	1	N
2. Follows through on work.	5	4	3	2	1	N
3. Driven by curiosity.	5	4	3	2	1	N
4. Willing to take reasonable risks.	5	4	3	2	1	N
5. Responsible. (Leadership)	5	4	3	2	1	N
6. Generates questions on his or her own – questions the common or unusual.	5	4	3	2	1	N
7. Approaches difficult problems with ingenuity.	5	4	3	2	1	N
8. Functions well within a team. (Collaboration)	5	4	3	2	1	N
9. Self-directed; requires a minimum of adult direction and attention.	5	4	3	2	1	N
10. Able to plan and organize activities, direct actions, and evaluate results.	5	4	3	2	1	N
11. Completes high quality work as directed and on time.	5	4	3	2	1	N
12. Attends class regularly.	5	4	3	2	1	N
Overall recommendation of this applicant	5	4	3	2	1	

Please share your candid opinions about this student's ability to be successful in EC@N-STEM Program (includes AAS in Computer Information Systems).

Thank you for your time!

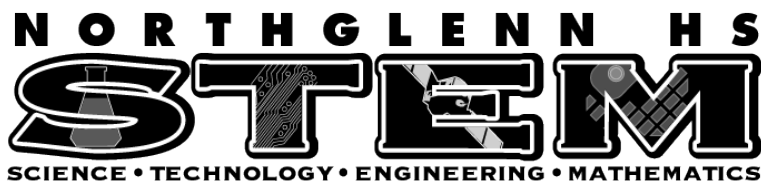
Evaluator's Printed Name: _____ Evaluator's Signature _____ Date: _____

Please return to:

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Northglenn, CO 80260

or you may fax to:
(720) 972-4739

Recommendation must be RECEIVED by 12/9/16.



School Counselor Recommendation for 2017-2018 EC@N-STEM

Printed Student Name: _____ Current School: _____

All information will be kept confidential.

Please rank this applicant's abilities. 5 = Exceptional (Top 5%), 4 = Excellent (Top 10%), 3 = Average, 2 = Fair, 1 = Poor, N = Not Sure

1. Demonstrates academic ability.	5	4	3	2	1	N
2. Follows through on work.	5	4	3	2	1	N
3. Responsible. (Leadership)	5	4	3	2	1	N
4. Self-directed; requires a minimum of adult direction and attention.	5	4	3	2	1	N
5. Attends class regularly.	5	4	3	2	1	N
Overall recommendation of this applicant	5	4	3	2	1	

IEP/504? _____ Yes _____ No (Please submit a copy of the IEP/504 plan with the application.)

ESL/ELL Program _____ Yes _____ No

Days Absent _____ Days Tardy _____

Please comment on the applicant's strengths and challenges. (Use additional paper as necessary)

What about this student makes them an ideal candidate for EC@N-STEM? (Use additional paper as necessary)

Thank you for your time!

Evaluator's Printed Name: _____ Evaluator's Signature _____ Date: _____

Please return to:

**Northglenn HS STEM
Attn: EC@N-STEM Application
601 W. 100th Place
Northglenn, CO 80260**

**or you may fax to:
(720) 972-4739**

Recommendation must be RECEIVED by 12/9/16.

Step 5: Parent/Guardian Form – PRINT CLEARLY

Printed Student Name: _____

Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Highest level of education (please check one) <input type="checkbox"/> High School/GED <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Other: _____	Highest level of education (please check one) <input type="checkbox"/> High School/GED <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Other: _____

What are your hopes and aspirations for your child?

Please share any information that you feel is important for us to know about your child as a learner.

Please indicate your child's top two strengths and top two challenges.

I agree that my child may enroll in Early College at Northglenn STEM (EC@N-STEM). I realize that students participating in the program must be enrolled as a non-matriculated student at Front Range Community College and that his/her grades in the college level classes will become part of his/her college transcript. I also understand the academic calendar for EC@N-STEM students may be different from their home school, and may require summer coursework.

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____

Date: _____



EC@N-STEM (P-TECH) College Agreement

Student: You have indicated that you are interested in taking courses through Front Range Community College. Persons under 21 years of age who are enrolled in the EC@N-STEM program and who demonstrate academic preparedness are eligible to participate. Students earn both high school and college credit for the same course, and the students' share of college tuition is paid by the school district.

SECTION A: To be completed by the Student (**PLEASE PRINT & USE BLACK OR BLUE PEN**)

Name: _____ Semester/Year _____

College Student ID # S _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Date of Birth _____

Graduation Year _____ Test(s) you have taken (Circle): ACT Accuplacer SAT CCPT

High School Attending: Northglenn High School Name of Parent/Guardian _____

SECTION B: To be signed by the Student and the Student's Parent or Guardian

Attention Student and Parent or Guardian: Your signature below indicates that you wish the above-named student to participate in the EC@N-STEM Program and that you agree to the following:

1. The Student received advice and counsel about participating in the EC@N-STEM Program from his or her high school.
2. The Student must apply for the College Opportunity Fund (COF) when enrolling in any EC@N-STEM Course. This can be done online at <https://cof.college-assist.org/> or by authorizing the college to apply on the student's behalf on the online admissions application. The student or parent/guardian will receive a bill (and may be subject to collections at the end of each term) for the amount of COF if COF is not applied to the student's college account.
3. The Student authorized use of his or her COF stipend for all eligible credits for the semester stated above and all future semesters. College-level credits used will be deducted from the Student's COF lifetime account.
4. The Student must meet the same prerequisites and course expectations as all other college students in a course, as noted in the current Academic year catalog and the course syllabus.
5. The grade received in each course will appear on the Student's official high school and college transcripts.
6. College course credits may transfer in congruence with Colorado GT Pathways or articulation agreements if the Student earns a "C" or better in the course.
7. If the Student seeks to add, drop or withdraw from a college course, he or she must meet with the High School counselor and notify the college Concurrent Enrollment staff.
8. If the Student withdraws from a course after the College's drop deadline, the College will record a "W" or "F" on his or her college transcript.
9. If the Student receives a grade of "F" or an "Incomplete" or withdraws from a course after the College's drop deadline, the Student and the Student's Parent or guardian may be required to pay the school district for the tuition it paid the College for the course.
10. The Student may not enroll in a course under the EC@N-STEM Program unless it fits with his or her Individual Career & Academic Plan (ICAP).
11. The Student may not enroll in a course under the EC@N-STEM Program unless it is approved by the School District.
12. In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the Student gives the College permission to report absences and disciplinary issues, and to release grades, transcripts, in progress grades, class schedules, and billing information, as available, to the School District for the courses covered under the EC@N-STEM Program.
13. Any unresolved balance of COF, student fees, and/or tuition for classes not paid by the School/District, along with applicable collection fees will be the responsibility of the student and parent/guardian per the FRCC Student Payment Agreement.
14. By signing this agreement, Student and guardian confirm that they have read and agree to the FRCC Student Payment Agreement. (www.frontrange.edu/payagree). The payment agreement acceptance covers the period of registration (semester/year) agreed to on this form.

I understand and will abide by all of the statements in this Section B.

Student Signature

Date

Parent or Guardian Signature

Date

CHECKLIST

New Students must have the following to enroll as a student in a college class:

- _____ College Admissions Application
- _____ COF Verification
- _____ Qualifying ACT, SAT CCPT, or Accuplacer Scores, if applicable.
- _____ This EC@N-STEM College Agreement Form completed with ALL Signatures

Returning Student must complete this form and have met all course pre-requisites to re-enroll as an EC@N-STEM Student.

SECTION C: Part 1 – Student Eligibility: To be completed by High School Counselor/Principal. Check all that apply.

- _____ This student is under 21 years of age.
- _____ This student is currently in the _____th grade.

SECTION C: Part 2 – Course Selection: To be completed by Student and High School Counselor.

Attention High School Counselor: Your initials next to a course verify that the course is included in the Student’s ICAP.

Fall Semester Classes Approved:				
Subject	Course Number	Title	Credit Hours	Counselor Initials
MAT	121	College Algebra (EXAMPLE)	4	ASW
Total Credits Approved Fall Semester:				
Spring Semester Classes Approved:				
Subject	Course Number	Title	Credit Hours	Counselor Initials
MAT	121	College Algebra (EXAMPLE)	4	ASW
Total Credits Approved Spring Semester:				

STUDENT SASID#: _____
(To be completed by your school Counselor or Administrator)

High School Counselor/Principal Signature: _____ **Date:** _____

Section D: Part 1 – School District Approval

If signed by the Superintendent or designee, the School District agrees to pay the tuition for each course initialed above:

Approved by Superintendent (or Designee)

Signed: _____ Title: _____ Date: _____

SECTION D: Part 2 – College Approval

Approved by College Administrator

Signed: _____ Title: _____ Date: _____