

AVID Student Application
2018-2019

Name: _____ Date: _____ Team (current): _____

Please have your current math teacher complete and sign below. This section must be completed before turning in your application.

Anticipated Math Placement for 2018-2019 School Year: _____

Math Teacher Signature: _____

**Please return form to the EMS Counseling Office no later than
Friday, May 10th, 2019**

1. What do you think the purpose of the AVID program is? Why do you want to be in AVID?
2. What are your plans for the future? After high school, do you plan on going to a four-year college or university? If the answer is yes, how do you plan to make this a reality?
3. How much time do you spend on homework every night? Is there a time of day that works best for you to do homework and study?
4. What is your idea of success? Would you describe yourself as a successful person? Why or why not?
5. What motivates you? Would you describe yourself as a motivated person? Why or why not?

6. Are you a person who sticks with something once you commit to it? If so, give an example of sticking with a commitment even when things got tough, difficult, or uncomfortable.

7. Please share anything else about yourself that would be helpful for us to know about you.

8. Circle members of your family who have attended a four-year college or university. You may circle more than one. For those that you circle, please indicate whether the person earned a degree.

Earned a degree? (Yes or No)

- a. Father _____
- b. Mother _____
- c. Brother and/or Sister _____
- d. Grandparents _____
- e. Other _____
- f. No members of my immediate family have attended a four year college or university
- g. Are there any special circumstances you would like to share that may influence whether or not you are accepted into the AVID program? (If yes, please explain below) Yes No