Dear PAVE Applicant;

Thank you for your interest in the Program for Adults in Vocational Education (PAVE) at Reynolds Community College. Enclosed you will find our application packet including the following materials:

- Virginia Community College Application (parental/guardian signature required for those who are under 18) including Virginia Community College Domicile Determination Form (parental signature required for students under 24, unless you are a ward of the court; independent students must contact our office for further instructions) (Online)
- PAVE admissions application (Online)
- Release and Exchange of Information Forms (HIGH SCHOOL and DARS OR OTHER SUPPORTING AGENCY)
- Two Reference Forms

In addition we also need the following items:

- Official sealed copy of high school transcript AND letter on school letterhead verifying your name, date of birth, diploma type, and graduation date (submitted after high school graduation)
- Individualized Education Plan (IEP) or
- Psychological Assessment or Evaluation, preferably from within the past 4 years or
- Vocational Evaluation, preferably within the past 4 years
- Students should also complete the Free Application for Federal Student Aid (FAFSA) at https://studentaid.gov/ by April 15th.

In order for to be considered for admission to the fall admission to PAVE, your completed PAVE and Reynolds applications must be received by June 30th. All other documentation must be received no later than August 1st.

Additionally, after submitting the PAVE application students MUST contact the PAVE Office to schedule a placement test and pre-program interview.

Again, we thank you for your interest in PAVE. If you have any questions, please feel free to contact our office at (804) 523-5572 or visit our website

https://www.reynolds.edu/student_services/pave/default.html

Sincerely,

PAVE at Reynolds Community College
APPLICATION FOR ADMISSION
PAVE Program
Reynolds Community College
Phone (804) 523-5572 Fax (804) 371-3527pave@reynolds.edu
https://www.reynolds.edu/student_services/pave/default.html

NAME______________________________________________________
First                                                     Middle Initial                                Last
ADDRESS__________________________________________________________
CITY__________________________________________________________
STATE______ ZIP____________________________
HOME PHONE____________________ CELL PHONE______________________________
EMAIL____________________________________________________________
DATE OF BIRTH______/________/___________       Sex (circle one) MALE FEMALE
SOCIAL SECURITY NUMBER: _______ - _______ - ____________________________
HIGH SCHOOL__________________________________ GRADUATION DATE   ____/____
Month    Year

DISABILITY__________________________________________________________________
Diploma Type (circle one) Standard   Modified Standard   Special   Other_________
Official letter from high school verifying diploma status is required with application

Which program would you like to study? (circle one)
CHILD CARE   CLERICAL   FOOD SERVICE   HEALTH CARE

Have you attended the PAVE Program before? YES/NO
If yes, when? __________________________ Do you currently have a Department for Aging and Rehabilitative Services (DARS) Counselor?
YES/NO
If yes, list name and phone number________________________________________

Are you currently employed? YES/NO
If yes, where? __________________________________________________________
Have you completed the Virginia Community College Application for Admission? YES/NO

Have you filled out the Free Application for Federal Student Aid (FAFSA)? YES/NO

FOR OFFICE USE ONLY- STUDENT EMPL ID
Authorization for Exchange and Release of Information
Reynolds Community College PAVE Program
Phone (804) 523-5572 Fax (804) 371-3527

Date: ___________________
From: _________________________________________________________________ (Student name)
To: ___________________________________________________________________ (High School)

Subject: Verification and Documentation of Disability

Student Address:             _________________________
                      _________________________
Date of Birth                   _________________________
Year of Graduation         _________________________

I authorize the above-named counselor to release documentation checked off on the list below to Reynolds Community College. I also authorize the PAVE Program to share pertinent information with agencies and/or persons with a legitimate educational need to know such information.

Student Signature_____________________________________Date:__________________

Please send the requested information to:
Reynolds Community College
PAVE Program
P.O. Box 85622
Richmond, VA 23285-5622

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Reynolds Community College PAVE Program
Phone (804) 523-5572 Fax (804) 371-3527

Date: ___________________

From: _________________________________________________________________ (Student name)

To: ___________________________________________________________________ (Other supporting agency)

Subject: Verification and Documentation of Disability

Student Address:             _________________________

Date of Birth                   _________________________

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To be completed by applicant:
Applicant Name__________________________________________________________
Date of Birth____________________

Program to which student is applying (circle one): Clerical  Child Care  Food Service  Health Care

The Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning references. The following statement is the applicant’s wish regarding this reference.
__ I waive my right to inspect the contents of this reference     ___ I do NOT waive my right to inspect this reference
Student’s Signature__________________________________ Date: __________________________

To be completed by recommender:
Reference’s Name: __________________________________________________________
Telephone: __________________
Email: _________________________________________________________________

How long have you known the applicant? ____________ Organization: __________________ May we contact you regarding this applicant? ___YES ___ NO
Relationship to student: ____________________________________________________

How would you assess the student in the following areas with regard to their intended program of study?

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Please provide your opinion of the applicant’s ability to succeed in a college environment. Attach an additional sheet if needed____________________________________________________________________________________
__________________________________________________________________________________________

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Reynolds Community College
PAVE
P. O. Box 85622
Richmond, VA 23285-5622

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