

ALLIANCE MINORITY PARTICIPATION GLENDALE COMMUNITY COLLEGE

APPLICATION FORM

Name: _____
Last First Initial

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Social Security # _____ Sex: M _____ F _____
Area Code

Date of Birth: _____ Ethnicity: _____

High School attended: _____
(city)

High School GPA: _____ Proposed major: _____

Please complete the following items:

1. High School Courses taken and grades received:

Algebra 1 _____ Geometry _____ Algebra 2 _____
Precalculus _____ Calculus _____ AP Calculus _____
Biology _____ Chemistry _____ Physics _____

2. Test Scores: Please write in your test score or placement as best you can recall. If you have not taken the test, please indicate as "no."

Glendale Community College English Placement Test Score: _____

Glendale Community College Math Placement Test Score: _____

Glendale Community College Chemistry Placement Test Score: _____

3. Complete the attached autobiographical statement.

4. Please obtain a letter of recommendation from a science or math instructor or a counselor who is familiar with your work. Use the provided Recommendation Form. Your application will not be processed until the recommendation form is received by the AMP office at Glendale Community College.

Teacher's/Counselor's name: _____ Course: _____

Have the instructor complete the attached recommendation form and return to:

Dr. Sid Kolpas, AMP Office, Glendale Community College, 1500 N. Verdugo Rd., Glendale, CA 91208.

RETURN COMPLETED APPLICATION FORMS TO:

DR. SID KOLPAS, AMP OFFICE
GLENDALE COMMUNITY COLLEGE, 1500 N. Verdugo Rd., Glendale, CA 91208

APPLICATION DEADLINE IS FRIDAY, MAY 12, 2006

For further information, call: AMP Office, (818) 240-1000 ext. 5378

RECOMMENDATION FORM

Applicant's Name _____ () _____

Last
First
Area Code
Phone Number
Social Security Number

Glendale Community College Campus Term/Year _____

To the Teacher or Counselor Completing This Form:

The person whose name appears above has applied for admission to the Alliance for Minority Participation Program. The AMP selection committee would appreciate your answering the following questions.

Instructor/ Counselor's Name _____ Position _____

School _____ Phone Number () _____

Area Code

Address _____

Number
Street
City
State
Zip Code

1. How long have you known the applicant? _____ years. Under what circumstances?

2. Based on your knowledge of the applicant, check how you rate his/her academic skills and potential to succeed in college.

	Outstanding	Above Average	Average	Needs Improvement
1) Academic achievement				
2) Writing skills				
3) Reading skills				
4) Math skills				
5) Academic potential				

3. Check how you rate the applicant's characteristics and motivation.

	Strongly Agree	Agree	Agree Somewhat	Disagree
1) Has positive self-image				
2) Demonstrates leadership capability				
3) Self-starter, has intellectual curiosity				
4) Is highly motivated				
5) Survives frustrating experiences, is tolerant of minor disappointments				
6) Has potential for growth				

4. What other qualities come to mind that best describe the applicant?

8. What is your assessment of the student's potential and motivation to succeed in college? What is your evaluation of the applicant's capability for undertaking college work?

Date _____

Signature _____

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