

**PCC 2017 STUDENT APPLICATION
PROJECT CONTEMPORARY COMPETITIVENESS, INC.
ADVANCED STUDIES PROGRAM AT STONEHILL COLLEGE**

Please type or print clearly

Check if you attended PCC/ASP 2016 _____

M _____ F _____

Last name First Name Middle Initial

Street Address

City/Town Zip Telephone (_____) _____

School Grade Birth date

Parent's e-mail address (Required)

This completed application, a check for the **\$25 Application Fee** made out to **PCC, Inc.** and the items listed below are to be submitted to your guidance office by the application deadline established by your guidance office.

- School Records: To be completed by your Guidance Counselor or Principal
- Teacher Recommendation Record and two Teacher Recommendations. Teachers complete/return to Guidance Office to be included with student's application.

SUBJECT SELECTION

All students are scheduled for two courses. You must make four (4) selections in order of preference. The **2017** courses are listed below. **Circle your choices.**

Adolescents and the Law	Imagination	Psychology
American Sign Language	Improve Your Improv	Reading Between the Lines
Architecture Studio	I'm with the Band	Robots
Art of Great Communication	Intro to China & Culture	Scrapbooking
Aviation Science	Journalism and Publishing	Sculpture
Creative Writing: Prose & Poetry	Marine Science	Sociology
Critic's Corner	Model Rocketry	Television Production
Digital Photography	Model United Nations	The Wizarding World of Harry Potter
Drawing	Music and Movement	Theatre
Forensic Science	Painting	U.S. "Wars" of the Twentieth Century
Free Kicks and FIFA	PCC Sports Center	Warm Cookies and Milk
Good Leaders, Team Builders, and The World of Business	PCC Website	What's so Funny? – Comedy in our Time
How to Save a Life	Physics and Fun	Stonehill Pre-College Experience @ PCC

Record below the choices that you circled.

1st Choice _____ 3rd Choice _____

2nd Choice _____ 4th Choice _____

Stonehill Pre-College Experience @ PCC Option _____

On the reverse side, or on a separate generated page, tell why you want to attend PCC's Advanced Studies Program. Your response will be evaluated with regard to seriousness of purpose and interest in the subject areas to be pursued.

Applicant's Signature

Parent's Signature

**SCHOOL RECORDS AND GUIDANCE RECOMMENDATION
ADVANCED STUDIES PROGRAM
Program Contemporary Competitiveness, Inc.
320 Washington Street, Easton, MA 02357**

A COMPUTER GENERATED RESPONSE IS ACCEPTABLE.

The Principal or Guidance Counselor of the candidate's present school should complete this form. Please submit a copy of the student's grade report(s) for grades 7, 8 and 9.

Name _____

School _____

Do believe the student should be in a program of this nature? _____

Please explain:

Please, add any additional information concerning the learning style, character, personality, social, physical and mental maturity, outside interests, initiative and drive, and special talents. All information will be treated as confidential. (Use reverse side if necessary)

Signature _____ Date _____

**TEACHER RECOMMENDATION RECORD
ADVANCED STUDIES PROGRAM
Project Contemporary Competitiveness, Inc.
320 Washington Street, Easton, MA 02357
508-565-5202**

STUDENT'S NAME _____

Please record the names of the school personnel to whom you (applicant) have given your recommendation forms. This form should be returned to the Guidance Office with your application.

TEACHER RECOMMENDATION #1

NAME _____

POSITION _____

SCHOOL _____

TEACHER RECOMMENDATION #2

NAME _____

POSITION _____

SCHOOL _____

NOTE: Applicant should give the two forms (TEACHER'S CONFIDENTIAL RECOMMENDATION) to the teachers recorded above. All over forms should be submitted to the Guidance Office. Please remind the teacher to submit the completed recommendation to the Guidance Office. This recommendation becomes part of your application.

Signature _____ Date _____

**TEACHER'S CONFIDENTIAL RECOMMENDATION
ADVANCED STUDIES PROGRAM
Program Contemporary Competitiveness, Inc.
320 Washington Street, Easton, MA 02357**

A COMPUTER GENERATED RESPONSE IS ACCEPTABLE.

Selection of participants for the Advanced Studies Program is highly competitive. Teacher recommendations carry great weight in the ultimate selection or rejection of a student. If you feel that you cannot give an honest and comprehensive picture of the applicant, please return the form to the student so that he/she may select another teacher to complete the form.

All information on this sheet will be kept in strict confidence. Please return this form to the Guidance office on or before the application deadline established by your guidance office.

Candidate's Name _____

Present School _____

Teacher's Name _____

What subject(s) have you taught the candidate? _____

The student's grade in my subject(s) is (was) _____

Please rate student's performance in your class using the following scale.

- 4 Superior
- 3 Above Average
- 2 Average
- 1 Below Average

____ Academic performance

____ Writing skills

____ Logic and reasoning

____ Effort invested in studies

____ Creative or unique problem solving

____ Conduct and maturity

Please check one.

____ Overall, I consider this student a strong candidate for acceptance into the PCC Program.

____ Overall, I consider this student a good candidate for acceptance into the PCC Program.

____ Overall, I consider this student a possible candidate for acceptance into the PCC Program.

____ Overall, I do not consider this student a candidate for acceptance into the PCC Program.

Comments:

Teacher _____ Date _____

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ADVANCED STUDIES PROGRAM
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Candidate's Name _____

Present School _____

Teacher's Name _____

What subject(s) have you taught the candidate? _____

The student's grade in my subject(s) is (was) _____

Please rate student's performance in your class using the following scale.

- | | |
|---|---------------|
| 5 | Superior |
| 4 | Above Average |
| 3 | Average |
| 2 | Below Average |

____ Academic performance

____ Writing skills

____ Logic and reasoning

____ Effort invested in studies

____ Creative or unique problem solving

____ Conduct and maturity

Please check one.

____ Overall, I consider this student a strong candidate for acceptance into the PCC Program.

____ Overall, I consider this student a good candidate for acceptance into the PCC Program.

____ Overall, I consider this student a possible candidate for acceptance into the PCC Program.

____ Overall, I do not consider this student a candidate for acceptance into the PCC Program.

Comments:

Teacher _____ Date _____