

Smart Transfer Early College High School



November 2017

Dear Schenectady City School District 8<sup>th</sup> Graders:

As you look forward to entering high school next September, the Schenectady City School District and SUNY Schenectady County Community College are excited to offer you the opportunity to apply for Smart Transfer Early College High School. The goal of the program is for students to earn an associate's degree by the time they finish high school. At minimum, *all students in the program are expected to complete at least 60 credit hours of college-level coursework*. If you are a student who dreams of earning a college degree, I encourage you to apply for this program, which could potentially save you and your family thousands of dollars in tuition costs.

Smart Transfer is a challenging program that requires great dedication on the part of its students and their families. In order to be successful in this program, all students must:

- Complete 60 credit hours of college-level courses
- Participate in MANDATORY 6-week summer college courses
- Participate in all Smart Transfer programming during the school year, including, but not limited to, MANDATORY orientation, student/parent/guardian meetings, and meetings with SCCC advisors
- Attend courses on the campus of SCCC during their junior and senior years
- > Students must complete the following application materials:
  - Application
  - Parent consent
  - Admissions essay

#### These materials must be returned, by the student, to:

Pam McCall Director of College and High School Partnerships 78 Washington Avenue Schenectady, New York 12305

## - In addition to the above materials, two letters of recommendation from current 8<sup>th</sup>-grade teachers must be completed and returned by the teacher.

Once you have applied, you will be contacted to schedule an interview with a committee of Smart Transfer representatives. **Please be advised that both you and your parent/guardian will be required to attend this interview.** We will notify you of our decision, by mail, by March 5<sup>th</sup>.

If you are accepted to participate in the Smart Transfer program, you will be invited to visit the college to sign your Letter of Commitment. Please contact either Pam McCall at (518) 381-1318 or Valerie Smith at (518) 925-0282 with any questions. We look forward to hearing from you.

Very best,

Pamela McCall Director of College and High School Partnerships Valerie Smith Smart Transfer ECHS Grant Coordinator Diane Wilkinson Schenectady High School Principal Jonathan Goyette Class of 2022 Principal

### Schenectady Smart Transfer Early College High School (ST-ECHS) Application for Admission

Date of application:		
Student's Full Name:		
Birth Date:		
Student's Address:	Apt. #:	
City & State:	Zip Code:	
Parent/Guardian Name(s):		
Parent phone #1:		
Parent phone #2:		
Current School:	Guidance Counselor:	
Parent/Guardian Signature:		
Parent/Guardian Signature:		
Student Signature:		
By Friday, January 19 <sup>th</sup> please submit, to the address below, your completed: <ul> <li>Application</li> <li>Signed parent/guardian consent</li> <li>ST-ECHS admissions essay</li> </ul> <li>**<u>Do not</u> include student recommendation letters with the items above** <ul> <li>**Teachers must return recommendation letters directly to Pam McCall**</li> </ul></li>		
Pam McCall Director of College and High School Partnerships Schenectady County Community College 78 Washington Avenue		

Schenectady, New York 12305

## Schenectady Smart Transfer Early College High School (ST-ECHS)

## Parent/Student Consent for Release of Information

I,	, allow my child,	
(parent/guardian)	(student)	
to apply for admission to the Schenectady Smart Transfer Early College High School. I		
understand that this is the first step in a process that will include a completed application, an		
admissions essay, two letters of recommendation, and an admissions interview.		

I hereby consent that Schenectady County Community College, for purposes related to the Schenectady Smart Transfer Early College High School, may have access to the records on my child (to include access to my child's academic records, health records, standardized tests, attendance records, psychology/social work records, teacher reports, and miscellaneous material) with the understanding that these records will not be released by Schenectady County Community College to any other persons without my further consent.

In addition, I understand that my complete support of the program is needed for my child to be successful in the Schenectady Smart Transfer Early College High School. By signing, I am acknowledging my support of my child's application to the program and during the entire four years of educational experience in this program.

Parent/Guardian Signature

Date

Schenectady Smart Transfer Early College High School (ST-ECHS)

> ST-ECHS Admissions Essay

> Essay Instructions & Cover Sheet

With the opportunity offered through the Smart Transfer ECHS for students to earn an Associate's degree (60 credits of college coursework), we ask that applicants write an Admissions essay that addresses, in detail, the following topics:

- What are your goals for high school and college?

- Explain the level of commitment required to complete two years of college while simultaneously completing four years of high school.

How will you handle increased course work and demands of the

ST-ECHS program?

- What strengths will you bring to the ST-ECHS program?

Essays should be at *least* a page in length. Typed essays are preferred (although we will accept handwritten responses, as long as we can read them).

# Please sign this cover sheet below, indicating the essay has been written by you (the student) and staple it to your essay.

Student Printed Name

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Student Signature

Date

Return this essay, along with your application, and signed parent/guardian consent form to:

Pam McCall Director of College and High School Partnerships Schenectady County Community College 78 Washington Avenue Schenectady, New York 12305

#### \*\*\*TEACHERS: PLEASE DO NOT RETURN RECOMMENDATION TO STUDENT. PLEASE RETURN DIRECTLY TO PAM MCCALL AT THE ADDRESS BELOW.\*\*\*

Schenectady Smart	Transfer Early College High School Student Recommendation Form – 1
Student Name	Date
Current School	
THIS FORM IS TO BE FILLED OUT BY A CURRENT TEACHER WORKER, MENTOR, OR ADMINISTRATOR The above named student has applied for admission to Schenecta School and <u>will be expected to complete 60 college credits before</u> information will assist us in assessing the student's potential to be information in your assessment will be kept confidential. Thank you	dy Smart Transfer Early College High <u>high school graduation</u> . The following successful in the program. All of the
Name of Reference: P	osition:
How do you know the applicant?:	
How long have you known this individual?:	
Please rate using the following key: 5=outstanding 4=above average 3=average 2=below average N/A = not applicable or not enough information on student to	
ACADEMICS: Ability Achievement Ability to Write Grasps Subject Matter Articulates Thoughts	_ Accepts Correction
EFFORT: Self Discipline Motivation Attentiveness in Cl Works Independently Able to Collaborate	ass
CHARACTER: Respectfulness Self-Confidence Leade	ership Skills
Would you be available for additional comment? yes no	
Further comment on applicant's strengths	
Further comment on applicant's challenges	
List several words that describe this student	

RETURN THIS FORM by Friday January 19<sup>th</sup> DIRECTLY TO: Pam McCall, SCCC Director of College and High School Partnerships 78 Washington Avenue Schenectady, New York 12305 \*\*\*Please <u>do not</u> return this form to the student\*\*\*

#### \*\*\*TEACHERS: PLEASE DO NOT RETURN RECOMMENDATION TO STUDENT. PLEASE RETURN DIRECTLY TO PAM MCCALL AT THE ADDRESS BELOW.\*\*\*

Scher	nenectady Smart Transfer Early College High School Student Recommendation Form – 2	
Student Name	Date	
Current School		
WORKER, MENTOR, OR ADMINISTRATOR The above named student has applied for admissi School and <u>will be expected to complete 60 colleg</u> information will assist us in assessing the student's	<b>ENT TEACHER, SCHOOL COUNSELOR, SOCIAL</b> on to Schenectady Smart Transfer Early College High <u>e credits before high school graduation</u> . The following s potential to be successful in the program. All of the ential. Thank you for assisting in this selection process.	
Name of Reference:	Position:	
How do you know the applicant?:		
How long have you known this individual?:		
Please rate using the following key: 5=outstanding 4=above average 3=average 2 N/A = not applicable or not enough information	• •	
ACADEMICS: Ability Achievement Abi Grasps Subject Matter Articulates Thoughts	ility to Write Accepts Correction	
EFFORT: Self Discipline Motivation Att Works Independently Able to Collaborate		
CHARACTER: Respectfulness Self-Confide Displays Integrity Able to Resolve Conflict		
Would you be available for additional comment?	_ yes no	
Further comment on applicant's strengths		

RETURN THIS FORM by Friday January 19<sup>th</sup> DIRECTLY TO: Pam McCall, SCCC Director of College and High School Partnerships 78 Washington Avenue Schenectady, New York 12305 \*\*\*Please <u>do not</u> return this form to the student\*\*\*