



**Automotive Technology Program
APPLICATION FOR ADMISSION COVER**

TO THE APPLICANT:

- PLEASE COMPLETE THE CONFIDENTIALITY WAIVER ON THE ATTACHED REFERENCE FORMS PRIOR TO HAVING THE FORMS COMPLETED.
- RETURN ALL MATERIALS IN THIS APPLICATION BY JUNE 15 TO:

MRS. CAITLIN PREISNER, SCHOOL COUNSELOR
QUESTAR III COLUMBIA-GREENE EDUCATIONAL CENTER
131 UNION TURNPIKE
HUDSON, NY 12534

STUDENT NAME (PLEASE PRINT)

STUDENT SIGNATURE

HOME SCHOOL

HOME SCHOOL GUIDANCE COUNSELOR

PARENT/ GUARDIAN NAME (PLEASE PRINT)

PARENT/ GUARDIAN SIGNATURE

DATE OF APPLICATION

NON-DISCRIMINATION NOTICE FOR STUDENTS AND PROSPECTIVE STUDENTS: Questar III does not discriminate on the basis of actual or perceived race, color, national origin, sex, disability, age, weight, ethnic group, religion, religious practice, sexual orientation, gender identity or expression, or other characteristic protected by federal or state law in its programs and activities, including but not limited to admission, access to and participation in educational programs, course offerings and student activities. Questar III provides equal access to the Boy Scouts of America and other designated youth groups. The following persons at Questar III have been designated to handle inquiries regarding Questar III's non-discrimination policies and the application of regulations prohibiting discrimination:

TITLE IX COMPLIANCE OFFICER – QUESTAR III BOCES, 10 Empire State Blvd., Castleton, NY 12033 | 518-477-8771

504 COMPLIANCE OFFICER – QUESTAR III BOCES, 10 Empire State Blvd., Castleton, NY 12033 | 518-477-8771

SCHOOL ATTORNEY – QUESTAR III BOCES, 10 Empire State Blvd., Castleton, NY 12033 | 518-477-8771

For further information on notice of non-discrimination, or to inquire regarding the application of regulations prohibiting discrimination, contact the U.S. Department of Education, Office for Civil Rights.



Automotive Technology Program (ASE) Application Form

Name:		Date of Birth:	
Home Address:			
	street	city	state zip code
Email:			
Home High School:		Class of:	
Father/Guardian:			
		Work phone	Home phone
Mother/Guardian:			
		Work phone	Home phone
Emergency Contact:			
		Work phone	Home phone
Career Experience:			
Employer:			Phone:
Position:		Supervisor's Name:	
Employer:			Phone:
Position:		Supervisor's Name:	
Employer:			Phone:
Position:		Supervisor's Name:	
List any other types of work you have done:			
List any school or community activities:			
List honors received:			



Student name: _____

Career Goals and Interests Essay

In the space below, or on a separate piece of paper, please explain why you want a career in automotive technology. Include career goals and interests.



Automotive Technology Program (ASE) Application Form

Student name: _____

Guidance Counselor Recommendation

Please rate the applicant in the following areas. Keep in mind that the student will be compared to other capable students and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

CONFIDENTIALITY WAIVER

(to be completed by student)

____ I waive my rights to review any and all comments made by others on this Automotive Technology Program Application.

Scoring Range:

No basis to judge = (NA)

Low

1 2

3

High

4 5

Please provide a **narrative** with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

Category:		Score:					
		N/A	1	2	3	4	5
Ability to get along with others							
Ability to work in a group							
Ability to work independently							
Academic ability							
Dependability							
Ease with adults							
Flexibility							
Maturity							
Self-motivation							
Verbal skills							
Please indicate the number of absences this academic year up to the date of this application:		# of absences		As of Date:			

Counselor signature: _____ Date: _____

Counselor: **Please return this form to:**
Caitlin Preisner • CGEC • 131 Union Turnpike • Hudson, NY 12534



Automotive Technology Program (ASE) Application Form

Student name: _____

Teacher Recommendation

Please rate the applicant in the following areas. Keep in mind that the student will be compared to other capable students and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

CONFIDENTIALITY WAIVER (to be completed by student) _____ I waive my rights to review any and all comments made by others on this Automotive Technology Program Application.

Scoring Range:

No basis to judge = (NA)
Low
High

1 2 3 4 5

Please provide a **narrative** with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

Category:		Score:					
		N/A	1	2	3	4	5
Ability to get along with others							
Ability to work in a group							
Ability to work independently							
Academic ability							
Dependability							
Ease with adults							
Flexibility							
Maturity							
Self-motivation							
Verbal skills							
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> Please indicate the student's average in your class as of the date of this application: </div> <div style="width: 15%; text-align: center;"> Student's Average <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="width: 20%; text-align: center;"> As of Date: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="width: 20%;"></div> </div>							

Teacher signature: _____ Subject area: _____ Date: _____

Teacher: Please return this form to:
 Caitlin Preisner • CGEC • 131 Union Turnpike • Hudson, NY 12534



Automotive Technology Program (ASE) Application Form

Student name: _____

Use this checklist as a guide to prepare your packet:

- _____ Application Cover
- _____ Application Form
- _____ Career Goals and Interests Essay
- _____ Transcript
- _____ Attendance and Discipline Record
- _____ Guidance Counselor Recommendation
- _____ Teacher Recommendation

Packet Due Date: **June 15**

**Please note:* All students applying for Automotive Technology must visit the program before their application will be considered. Students may schedule a visit by contacting their home school counselor.

Visit Date: _____