

# **New Visions: Journalism & Media Studies**

**Student Name** \_\_\_\_\_

**Home School** \_\_\_\_\_

**Counselor Name** \_\_\_\_\_

**Counselor Phone #** \_\_\_\_\_

**Counselor E-mail** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

# NEW VISIONS: JOURNALISM & MEDIA STUDIES

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## STUDENT APPLICATION FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Qualifications for New Visions include the following:

- High school senior
- 3 years Regents Math and Science
- Demonstrated interest in the fields of media, journalism and/or communications
- High level of academic success and plans for college
- Maturity and ability to work both independently and in teams
- Positive attendance patterns
- Good communication skills, i.e., writing, speaking, listening

1. Complete pages 1 and 2 this application. Please type.
2. Submit a transcript of high school courses, including grades for classes currently in progress, and SAT or PSAT scores.
3. Secure one letter of recommendation from a high school academic teacher.
4. Submit a second piece of your writing (any style) for evaluation. This can be written for a school assignment or something you've written on your own.
5. Review this application with your counselor, have him/her complete and sign page 3.
6. Send completed application to: New Visions: Journalism & Media Studies  
Career Center  
1015 Watervliet-Shaker Road  
Albany, New York 12205

**Student Name:** \_\_\_\_\_

- 1. Explain how you will balance the rigorous academic workload in this program with any extracurricular or other activities ( including part-time jobs) in which you are involved.**
- 2. Describe, from waking up in the morning until going to sleep at night, your typical weekday.**
- 3. What types of extracurricular community activities, school activities, volunteer experience or any other experiences have assisted you in developing your career focus?**
- 4. What do you personally hope to gain from this experience?**
- 5. Submit a one-page, persuasive essay supporting your reasons for wanting to attend this unique career course. What skills do you have in regard to Communications to bring to this program? All writing for this application will be evaluated for grammar, content and creativity.**

Student Name: \_\_\_\_\_

## New Visions Guidance Counselor Recommendation

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

	No Basis to Judge	Low 1	2	3	4	High 5
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IEP or 504 Plan? \*Yes \_\_\_\_ No \_\_\_\_ \*Please attach to application.

**Please indicate the # of absences this academic year up to the date of this application:**  
  
\_\_\_\_\_                      \_\_\_\_\_  
# Absences                      Date of application

**Please indicate the # of discipline referrals this academic year up to the date of this application:**  
  
\_\_\_\_\_                      \_\_\_\_\_  
# Referrals                      Date of application

*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.*

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\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

## New Visions Teacher Recommendation

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

	No Basis to Judge	Low	_____	_____	_____	_____	High
		1	2	3	4	5	
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please indicate the number absences this academic year up to the date of this application:</b>	
_____	_____
<i># Absences</i>	<i>Date of application</i>

*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.*

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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date