



**California State University, Los Angeles**  
 College of Engineering, Computer Science, and Technology  
 5151 State University Drive, Room A 241 Los Angeles, CA 90032-8150

**Application for V.E.S.T.E.D. Summer Academy**  
*Contact: Lily Nguyen, Academy Program Director*  
 Email: [Lnguyen2@cslanet.calstatela.edu](mailto:Lnguyen2@cslanet.calstatela.edu) Phone (323) 343-4506

**Application Check List**

1. Completed application form
2. Personal Statement (300 word essay)
3. Unofficial High School Transcript, including grades through Dec 2011
4. Teacher Recommendation Forms (2)

**Eligibility Requirements and Program Details**

1. Open to students in entering grades 9-12 in Fall 2012
2. 3.0 GPA required
3. Algebra 1 and Geometry 1 must be completed prior to Fall 2012
4. Completion of program with a grade of A or B is required to obtain college credit; otherwise a Certificate of Completion will be issued
5. Student must provide their own transportation daily
6. Two field trips will be set up at no cost to students, but transportation will not be provided
7. All students must attend an Orientation with a parent or guardian 2 weeks before program begins

**Please indicate subjects taken during high school and the letters grades received:**

Algebra 1 _____	Statistics _____	Geometry _____
Algebra 2 _____	Calculus _____	Trigonometry _____
Geometry 1 _____	Geometry 2 _____	Physics _____
Other Sciences _____	Other Math _____	

**Score on Standardized Tests**

If you have taken one of these tests, please place a check mark for the one/s you took, and give percentile rankings. No student will be denied admission to the program based solely upon the absence of these score.

<b><u>ACT</u></b>	<b><u>Math</u></b>	<b><u>Verbal</u></b>	<b><u>Composite</u></b>
<b><u>PACT</u></b>	<b><u>Math</u></b>	<b><u>Verbal</u></b>	<b><u>Composite</u></b>
<b><u>PSAT</u></b>	<b><u>Math</u></b>	<b><u>Verbal</u></b>	<b><u>Composite</u></b>
<b><u>SAT</u></b>	<b><u>Math</u></b>	<b><u>Verbal</u></b>	<b><u>Composite</u></b>

**PERSONAL INFORMATION**

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Last Name

First Name

Middle Name

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Address

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City

State

ZIP

( )

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Home Phone

Students Date of Birth (Month / Day / Year)

( )

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Father's Name

Father's Cell Phone

\*Father's Email Address

( )

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Mother's Name

Mother's Cell Phone

\*Mother's Email Address

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Students

Student's Cell

\*Students Email Address

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**WHICH RACIAL/ETHNIC GROUP BEST DESCRIBES YOU:**

- American Indian/Alaskan Native
- Asian or other Pacific Islander
- Black or African American (not Hispanic)
- Hispanic or Latino
- White (not Hispanic)
- Armenian
- Other \_\_\_\_\_

**Resident Status:**

- Are you a U.S. Citizen?
- Permanent resident of the U.S.?

**SEX:**    MALE    FEMALE

**ACADEMIC INFORMATION**

**High School:** \_\_\_\_\_

**Circle Grade Level next year:**    9    10    11    12

**Current GPA:** \_\_\_\_\_

**Circle Type of School:**    Public    Private    Charter    Home School



**PARENT/GUARDIAN/STUDENT AGREEMENT – REQUIRED BY THE COLLEGE OF ECST**

Who will be responsible for payment of Tuition?

- Parent
- Guardian

I approved of the application and will permit \_\_\_\_\_  
to attend the VESTED Summer Academy offered through the College of ECST at Cal State L.A. I understand that funding may not be available for the program. If funds are not available, I understand that I may have to pay to enroll my child.

I understand the necessity for my student’s conformance to the academic and social policies of the program and the College of ECST, and that failure to abide by these regulations may result in my students dismissal without tuition refund.

I understand that a grade of an “A” or “B” is required to obtain CSULA transferable credits. Those students passing the class with lower than a “B” will be issued a Certificate of Completion. Daily attendance and completion of the final project is required to receive college credit. All absences must be approved in advance by the instructor. Medical absences will be given special consideration on a case by case situation.

If admitted to the V.E.S.T.E.D. Summer Academy, I agree to abide by the academic and social policies of the program and of the College of ECST. I understand that failure to abide by these regulations may result in dismissal and that any student dismissed from the program does not receive a refund and will receive a “W” (withdrawn) on their transcript.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**California State University, Los Angeles**  
**College of Engineering, Computer Science, and Technology**  
**V.E.S.T.E.D High School Summer Academy 2011**

**TEACHER RECOMMENDATION FORM**

**TO THE STUDENT:**

Complete this section with your information and give this form to a teacher that can strongly recommend you to participate in the VESTED program.

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

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State ZIP

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**TO THE INDIVIDUAL COMPLETING THIS FORM:**

This student is submitting an application to the VESTED Summer Program at Cal State L.A. This program allows high school students with demonstrated academic ability to attend classes in the College of ECST for college credit. Please answer the questions and comment candidly on the student.

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

Address: \_\_\_\_\_  
City State ZIP

Phone: \_\_\_\_\_ email: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_ What subject(s) do you teach: \_\_\_\_\_

<b>Please rate this applicant on the following :</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Applicant has positive self image					
Applicant demonstrates leadership capability					
Applicant is self motivated					
Applicant completes tasks assigned in a timely manner					
Applicant has ability to handle stressful situations					

Please comment on the student's strengths, weaknesses, and abilities. If you have rated the applicant with disagree or strongly disagree explain further in this section. A letter of recommendation may be attached to this form.

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Overall Recommendation: Strongly Recommend      Recommend      Do Not Recommend

Signature: \_\_\_\_\_

Date \_\_\_\_\_