



2018 - 2019 Application for Admission

Applicant Name			Application (Internal Use Only)	
Grade Applied For		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female
Program Type Applied For	<input type="checkbox"/> Alpine <input type="checkbox"/> Freestyle <input type="checkbox"/> Snowboard			
Resident Status Applied For	<input type="checkbox"/> Boarding Student (Tuition, Room & Board) <input type="checkbox"/> Day Student (Tuition Only)			

Thank you for your interest in Waterville Valley Academy.
Please return all items in the below Application Procedure Checklist to:

Waterville Valley Academy Admissions
PO Box 277
Waterville Valley, NH 03215

Application Procedure Checklist

- Application Form signed and returned by Applicant and Parent
- Non-refundable Application Fee in the amount of \$50 US payable to Waterville Valley Academy
- Most recent transcript or grade report
- Two Signed Academic Recommendation Forms
- One Signed Athletic Recommendation Form (*current BBTS athletes exempt*)
- Signed Parent Commentary Form provided by parent
- Photo of the Applicant
- IEP Plan or 504 Plan, if any

Program Requested and Related Costs*:

Program Length	Tuition, Room & Board w/ 10% deposit before 3/31/18	Tuition, Room & Board after 3/31/18	DAY Tuition Only w/ 10% deposit before 3/31/18	DAY Tuition Only after 3/31/18
Full Term (Pinnacle) – (8/20/18 – 6/15/19)	\$52,015.00	\$53,045.00	\$39,655.00	\$40,448.00
	Tuition, Room & Board w/ 10% deposit before 4/30/18	Tuition, Room & Board after 4/30/18	DAY Tuition Only w/ 10% deposit before 4/30/18	DAY Tuition Only after 4/30/18
<input type="checkbox"/> Winter Term – (11/5/18 - 3/29/19)	\$36,050.00	\$36,771.00	\$27,810.00	\$28,366.00
<input type="checkbox"/> Early Season - (11/5/18 - 12/21/18)	\$12,018.00	\$12,580.00	\$9,270.00	\$9,455.00
<input type="checkbox"/> Late Season (1/2/19 - 3/29/19)	\$27,810.00	\$28,366.00	\$21,630.00	\$22,062.00

For Internal Use Only	Acceptance Date
Director of Admissions & Dean of Studies	_____
Head of Academics and Student Life	_____
Head Coach for applicable Snowsport	_____
Director of Athletics	_____
Executive Director	_____



Applicant/Family Contact Information

Applicant			
First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	
Email Address			
Home Phone	Cell Phone		
Date of Birth	Place of Birth		
Country of Citizenship	Social Security Number		
Is the applicant under an IEP or 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy.)			
Has the Applicant been dismissed or withdrawn from school for any reason or been in any other disciplinary difficulty outside of school? (If yes, please explain below)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Mother/Female Guardian			
First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	
Email Address			
Home Phone	Cell Phone	Work Phone	
Occupation	Place of Employment		
Best way to contact Mother/Female Guardian			

Father/Male Guardian			
First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	
Email Address			
Home Phone	Cell Phone	Work Phone	
Occupation	Place of Employment		
Best way to contact Father/Male Guardian			

Family Information			
Sibling Name	Age	School	
Sibling Name	Age	School	
Sibling Name	Age	School	
Sibling Name	Age	School	
Applicant Lives With	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other		
Where should admissions materials be sent?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other		
Where should bills be sent?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other		
Check if appropriate	<input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Parents Separated <input type="checkbox"/> Father Remarried <input type="checkbox"/> Mother Remarried		
If parents are divorced or separated who has legal custody of the Applicant?			
List any relatives who have attended WVA and the years attended			

Current School

Name					
School Address					
City		State		Zip Code	
Phone Number			Fax Number		
Type of School	<input type="checkbox"/> Public <input type="checkbox"/> Private/Parochial		Dates of Attendance at Current School		

Name of Guidance Counselor					
Phone Number			Email Address		
Fax Number					

Other Schools Attended in the Past Four Years

School Name		City		State		Dates of Attendance	
School Name		City		State		Dates of Attendance	
School Name		City		State		Dates of Attendance	

Academic Information

Current Grade Point Average					
Which tests has the applicant taken? (Please include a copy of scores)	<input type="checkbox"/> SSAT <input type="checkbox"/> PSAT <input type="checkbox"/> SAT				
Projected academic courses for the period Applicant is enrolled at Waterville Valley Academy					
_____			_____		
_____			_____		
_____			_____		
_____			_____		

Academic interests and school activities Applicant is involved in

Academic Achievements/ Honors

Current Snowsport Information

Program Name			
Coach's Name			
Coach's Phone Number		Coach's Email	
Athlete USSA # (required for all athletes)		FIS # (not required)	

Alpine Athletes Only

USSA National Points	SL		GS		SG		DH	
FIS Points	SL		GS		SG		DH	
Alpine U16, U14, U12 (J3/4/5) Accomplishments								

Snowboard Athletes Only

Top Results & Performances	SL		GS		BX	
	Slopestyle		Halfpipe		Big Air	
Additional Results						

Freestyle Athletes Only

Top Results & Performances	Moguls		Dual Moguls		Aerials	
	Slopestyle		Halfpipe		Big Air	
Additional Results						

Past Competition Programs & Training Camps

Name of Program		Coach	
Name of Program		Coach	
Name of Program		Coach	
Name of Program		Coach	

How did you hear about Waterville Valley Academy?

Will the applicant train as a weekend athlete with the WVBBTS Snowsports Club, either before or after attending WVA this season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, from when to when	

In order to better know you as an individual who is interested in engaging in the academic/athletic experience at WVA, it is essential for WVA administration, faculty and coaches to understand your commitment as a student and an athlete. These questions are designed to help us get to know you better. Please complete the following on a separate sheet of paper.

Question 1

Bearing in mind our core values of Integrity, Teamwork, Learning, and Excellence; choose one and briefly describe how you would relate to this core value.

Question 2

What was one of the most important changes or influences in your life and why?

Question 3

What are three (3) academic goals for the upcoming school year? Describe how you plan to achieve these goals.

Question 4

What are three (3) athletic goals for the upcoming winter? Describe how you plan to achieve these goals.

Question 5

Describe why you think that you will excel academically and athletically in an environment that requires independence, self-respect, and respect for others?

Question 6

What four words best describe who you are and why you will succeed at WVA?

Exercise

Submit a short (30 second) video of you either training or competing in your chosen snowsport. Please send the link via email to KBerman@goWVA.org

WVA does not discriminate on the basis of race, color, national or ethnic origin, sex, sexual orientation or disability in its administration of its educational, athletic or admission policies or in other programs or policies administered by WVA.

For Internal Use Only	Acceptance Date
Director of Admissions & Dean of Studies	_____
Head of Academics and Student Life	_____
Head Coach for applicable Snowsport	_____
Director of Athletics	_____
Executive Director	_____



2018 - 2019 Academic Recommendation

Name of Applicant				Application # (Internal Use Only)	
Applicant Snowsports Program	<input type="checkbox"/> Alpine <input type="checkbox"/> Freestyle <input type="checkbox"/> Snowboard				
Applicant Mailing Address					
City		State		Zip Code	
Grade Applied For		Name of Applicant's Sending School			
Name of Person Providing Recommendation					
Title of Person Providing Recommendation					

WAIVER OF RIGHT OF ACCESS TO LETTER OF RECOMMENDATION (OPTIONAL)

The Family Educational Rights and Privacy Act of 1974 allows a candidate for admission or employment to waive his/her right of access to confidential letters or statements written on his/her behalf if the recommendation is used solely for the purpose of admission or employment, and if the candidate, upon request, is notified of the names of all persons making such recommendation on his/her behalf.

I hereby waive my right of access to this recommendation and appropriate attachments written on behalf of my application of admission to Waterville Valley Academy. This waiver is effective only insofar as the recommendation is issued solely for the purposes stated above.

Signature of Applicant _____
 Date of Signature _____

To Person Providing Recommendation

The above Applicant is applying to Waterville Valley Academy and has given the WVA Admissions Office your name to provide an academic recommendation. Please complete this form, sign it and return it to the address below:

Waterville Valley Academy Admissions
 PO Box 277
 Waterville Valley, NH 03215

Questions?

Please contact:

Kimberly Berman
Director of Admissions & Dean of Studies
 Phone - 603-236-4246 x115
 Fax - 603-236-9906
 kberman@gowva.org



How long have you known the applicant and in what capacity?

What courses have you taught this applicant?

What has been this applicant's greatest addition to your classroom/school?

Please describe the applicant's strengths and weaknesses

WVA Academic Recommendation | Applicant Evaluation

Please evaluate the characteristics of the Applicant set forth below

A=superior; B=above average; C=average; D=below average; U= unable to evaluate

	A	B	C	D	U
Ability to communicate in writing					
Ability to communicate verbally					
Motivation					
Maturity					
Intellectual Promise					
Self-confidence					
Initiative					
Leadership Skills					

	A	B	C	D	U
Task-oriented					
Imagination					
Inter-personal skills					
Competitiveness					
Ability to work independently					
Willingness to deal with setbacks					
Overall potential					
Originality					

Overall Rating of Applicant

Waterville Valley Academy is a five month snowsports academy designed for full time student athletes in grades 6-12 who are dedicated to pursuing the highest level of performance in alpine racing, freestyle skiing and snowboarding in parallel with an individualized academic program. WVA integrates each WVA student's home school curriculum (via 1:1 or 1:2 WVA faculty driven individualized studies) with his or her athletic training and competition schedule.

You recommend Applicant to Waterville Valley Academy with the following overall rating (5 being strongly recommended and 1 being not recommended at all.

Overall Rating _____

Additional Comments and or Information

Please add any additional information that you believe Waterville Valley Academy should know about the Applicant.

Information For Person Making Recommendation

First Name	_____	Last Name	_____
Email Address	_____	Fax #	_____ Phone # _____
Employer	_____	Position/Title	_____
Mailing Address	_____	City & State	_____ Zip Code _____

Recommender's Signature _____
 Recommender's Printed Name _____
 Date of Signature _____



2018 - 2019 Academic Recommendation

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	A	B	C	D	U
Ability to communicate in writing					
Ability to communicate verbally					
Motivation					
Maturity					
Intellectual Promise					
Self-confidence					
Initiative					
Leadership Skills					

	A	B	C	D	U
Task-oriented					
Imagination					
Inter-personal skills					
Competitiveness					
Ability to work independently					
Willingness to deal with setbacks					
Overall potential					
Originality					

Overall Rating of Applicant

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Overall Rating _____

Additional Comments and or Information

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Information For Person Making Recommendation

First Name	_____	Last Name	_____
Email Address	_____	Fax #	_____ Phone # _____
Employer	_____	Position/Title	_____
Mailing Address	_____	City & State	_____ Zip Code _____

Recommender's Signature _____
 Recommender's Printed Name _____
 Date of Signature _____



2018 - 2019 Athletic Recommendation

Name of Applicant				Application # (Internal Use Only)	
Applicant Snowsports Program	<input type="checkbox"/> Alpine <input type="checkbox"/> Freestyle <input type="checkbox"/> Snowboard				
Applicant Mailing Address					
City		State		Zip Code	
Grade Applied For		Name of Applicant's Sending School			
Name of Person Providing Recommendation					
Title of Person Providing Recommendation					

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How long have you known the applicant and in what capacity?

For which sport(s) have you coached this applicant?

What has been this applicant's greatest addition to your team/club?

Please describe the applicant's strengths and weaknesses

WVA Athletic Recommendation | Applicant Evaluation

Please evaluate the characteristics of the Applicant set forth below

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	A	B	C	D	U
Skill level					
Self direction					
Self motivation					
Maturity					
Ability to communicate with others					
Self-confidence					
Initiative					
Leadership Skills					
Ability to deal with poor performance					

	A	B	C	D	U
Coordination					
Energy level					
Ability to handle stressful situations					
Competitiveness					
Ability to work independently					
Willingness to accept change					
Willingness to accept varying situations					
Willingness to deal with setbacks					
Overall athletic potential					

Overall Rating of Applicant

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Mailing Address			City & State	Zip Code	

Recommender's Signature
 Recommender's Printed Name
 Date of Signature
