



2018 - 2019 Application for Admission

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
- Academic Recommendation
- Athletic Recommendation Form (*optional*)
- Parent Recommendation
- IEP Plan or 504 Plan, if any (*optional*)
- Training video (on snow), submitted to, or shared with, tamorello@wvbts.org

Applicant Full Name: _____

Grade for which you are Applying: _____

Please circle below all that apply:

Alpine Freeski Freestyle

Boarding Day

Full Term Winter Term Other (please specify) _____

Middle School Program Post-graduate



Applicant/Family Contact Information

Applicant					
First Name		Middle Name		Last Name	
Preferred name or nickname					
Street Address					
City		State		Zip Code	
Email Address					
Home Phone		Cell Phone			
Date of Birth		Place of Birth			
Country of Citizenship					

Parent 1					
First Name		Middle Name		Last Name	
Street Address					
City		State		Zip Code	
Email Address					
Home Phone		Cell Phone		Work Phone	
Occupation		Place of Employment			

Parent 2					
First Name		Middle Name		Last Name	
Street Address					
City		State		Zip Code	
Email Address					
Home Phone		Cell Phone		Work Phone	
Occupation (Optional)		Place of Employment (Optional)			

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				
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					

WVA Educational/Academic Information

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 Primary School contact (Principal, Head of School, guidance counselor, advisor, or homeroom teacher: someone who knows Applicant best.)				
Phone Number		Email Address		

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

Current Snowsport Information

Program Name			
Coach's Name			
Coach's Phone Number (we will not contact unless we speak with you in advance)		Coach's Email	
Athlete USSA #		FIS # (not required)	

Athletic achievements

Accomplishments, accolades, or sources of pride (in any sport)

Past Competition Programs & Training Camps

Name of Program		Coach	
Name of Program		Coach	

How did you hear about Waterville Valley Academy?



Questions To Be Completed By Applicant

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 relate to this core value.

Question 2

What are your academic goals, both in the short term, and in the long term? Describe how you plan to achieve these goals.

Question 3

What are your athletic goals? Describe how you plan to achieve these goals.

Question 4

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

Question 5

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

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	Received Date	
Head of School		
Head of Academics and Student Life		
Head Coach		
Director of Athletics		



Parent Commentary Form 2018 - 2019

WVA has adopted an instructional and training philosophy which focuses on the whole student athlete. This philosophy encompasses academics, athletics, conditioning, nutrition, life skills and independent thought. WVA encourages all parents to embrace this philosophy. As the people who know this applicant best, parents' comments and reflection on these student-athletes are generally very helpful and yield us valuable insight about this individual. Please provide us comments about your child and his or her character in the space provided below. Please attach additional sheets as necessary.

Applicant Name	
----------------	--

Parent name	
Date	
Parent signature	



2018 - 2019 Academic Recommendation

Name of Applicant				
Applicant Mailing Address				
City		State		Zip Code
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:

Tory Amorello
Head of School & Executive Director
Waterville Valley Academy/BBTS
tamorello@wvbbts.org
 603-236-4246 ext 113



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



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 snowsports academy designed for 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 a robust academic program.

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.

Contact information for Recommender

First Name	<input type="text"/>	Last Name	<input type="text"/>
Email Address	<input type="text"/>	Fax #	<input type="text"/>
Employer	<input type="text"/>	Position/Title	<input type="text"/>
Mailing Address	<input type="text"/>	City & State	<input type="text"/>
		Zip Code	<input type="text"/>

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



2018 - 2019 Athletic Recommendation (OPTIONAL)

Name of Applicant			
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:
Tory Amorello
 Head of School & Executive Director
 Waterville Valley Academy/BBTS
tamorello@wvbbs.org
 603-236-4246 ext 113



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 contribution to your team/club?

Please describe the applicant's strengths and weaknesses



Athletic 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
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

Waterville Valley Academy is a 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 a robust academic program

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.

Contact information for Recommender

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

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