



**WINTER PARK COMPETITION CENTER
FULL-TIME ACADEMY– 2015-2016 SEASON
ADMISSION APPLICATION**

To be completed by Applicant:

Which Program/Discipline are you applying for: _____

Applicant's Name: _____ Date of Birth: _____

Grade: _____ Male: _____ Female: _____

Parents/Guardians: _____

Address: _____

Home Phone: _____ Email Address: _____

Other children in the family:

Name: _____ Age: _____

List three people who can recommend you as a student, athlete or person and your relation to them

1. _____
2. _____
3. _____

- Circle your school option:
1. Correspondence study through school from hometown
 2. Full-term at Grand County Schools
 3. Post-Graduate
 4. Home schooling (includes online studies)

Please note: Tuition fees and costs associated with independent online studies are the responsibility of the athlete and are excluded from the Winter Park Competition Center Fulltime Academy Fees.

Present School: _____

School Address: _____

School Phone: _____

Name of Principal: _____ School Counselor: _____

- Circle your housing option:
1. Living with parents in Grand County
 2. Living with host family in Grand County
Name: _____ Phone _____
 3. Living on own Local phone: _____
 4. Need assistance finding housing

Hobbies, extra curricular activities and/or special interests: _____

Why do you want to train full-time with Team Winter Park? _____

What are your goals as a student? _____

What are your goals as an athlete? _____

Describe the characteristics that it takes to achieve the above stated goals: _____

Describe what you think are the 3 most important characteristics of a full-time program which may help you achieve your goals: _____

In what areas of school do you have the greatest success? _____

In what areas of school do you have the greatest difficulty? _____

If you are joining the Winter Park Competition Center Fulltime Academy from another program, please enclose one letter of recommendation (either from a teacher, coach or employer).

Submit application to:

**WINTER PARK COMPETITION CENTER
PO BOX 36
WINTER PARK, CO 80482**

Athlete's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Additional Comments and/or questions: