



Application Instructions 2016 – 2017 for incoming freshmen (2017 – 18)*

Application process: **Opens:** October 1, 2016
 Closes: December 23, 2016

Content and Deadlines

The application packet contains:

Form 1: *Student Information and Parent Permission*

Form 1 must be filled out online **AND** on paper. The link for the online form is:
<https://goo.gl/forms/HnngnJWXnKgftiC73>
The paper form can be found on the CHS APPS website with the application forms. <http://chsapps.net/application-forms/>

Form 2: *Counselor Verification*

- The school counselor is asked to attach the student's report cards and provide general information.
- The *counselor* will send the completed form to Clarksburg High School.

Form 3: *Teacher Reference/Evaluation (3 references needed from academic teachers)*

- The *student* will give the Evaluation Form to the selected teachers.
- The *teachers* will send the completed form to Clarksburg High School.
- To help reduce teacher workload, CHS will accept teacher recommendation forms that may have been filled out for magnet programs with *Clarksburg HS* written on the top as recipient.

Form 4: *List of References and Extra-Curricular Verification*

- List of References- Student must record the selected 3 teachers to completing the confidential Reference Evaluation Form.
- Extra-Curricular Verification- Student outlines their extra-curricular activities in the 7th and 8th grade.

Form 5: *Cover for Writing Samples*

- The student is asked to submit **1 writing sample:** an answer to their choice of writing prompts listed on Form 5.

It is the *student's responsibility* to see that Forms 2 and 3 are distributed to the teachers and school counselor. Counselors and teachers are asking for receipt of the forms on or before Dec. 16 to give them time for completion before winter break.

The *student* is to complete and return Forms 1, 4 and 5 between **October 1, 2016 (registration opens)** and **Dec 23, 2016 (registration closes)** to Clarksburg High School.

****Note:** *The APPS Program is available **only to students residing within the Clarksburg HS Cluster.** Enrollment in the APPS program is not a reason for school transfer to be granted.* **

If you have questions, please contact either:

Ms. LeGrande (301.444.3020)
Bernestine_LeGrande@mcpsmd.org

or Ms. Sarah Costlow (301.444.3557)
Sarah_L_Costlow@mcpsmd.org

The APPS program committee will not evaluate any applicant for whom an incomplete application packet is submitted.

School Address: Clarksburg High School • 22500 Wims Road • Clarksburg, Maryland 20871

*Current 9th graders may apply, but students are strongly encouraged to apply in their 8th grade year due to the rigors of the program

FORM

1

APPS PROGRAM
Advanced Placement Power Scholars
Clarksburg High School

Please fill out and submit Form 1 online at
<https://goo.gl/forms/HnngnJWXnKgftiC73>
AND ALSO submit this print copy with your application.

FORM 1: Student Information and Permission

(Please print or type)

Name: _____ MCPS ID# _____

Current Grade: _____ Gender: _____ Current Math: _____
for future scheduling purposes only

Race: White Asian Hispanic Black Multi racial

Home Address:
(Street) _____

(City, State, Zip) _____

Parent Contact Phone #: _____

Parent Email: _____

Student Email: _____

Students: Please be sure this is an email you would check often and use for school.

Current School: _____

PARENT PERMISSION STATEMENT

I hereby submit this application for my child to be considered for the APPS Program at Clarksburg High School. I understand that this application will be held in confidence by all members of the APPS committee and that teacher evaluation scores will not be shared, and that the application will not be returned to students or parents.

The APPS program is designed for students **residing within the Clarksburg High School Cluster**. Students should not apply from outside the school's cluster without the intent of moving within the Clarksburg boundaries or are already in a transfer placement school.

Parent /Guardian Signature: _____ Date: _____

FORM

2

APPS PROGRAM
Advanced Placement Power Scholars
Clarksburg High School

FORM 2: COUNSELOR VERIFICATION

Student Name: _____ MCPS ID#: _____

Current School:

Rocky Hill Neelsville Roberto Clemente Parkland Other: _____

-
1. Counselors please attach report cards that include quarterly GPA
 - a. 7th grade report card
 - b. 8th grade report card (Must include final grades for MP1)

 2. Do you have any special concerns or considerations in the following areas about this student's participation in an accelerated academic program?

Attendance: Yes No

Behavioral Concerns: Yes No

Academic Concerns: Yes No

Special Requirements: Yes No

Please explain any "yes" answers:

I verify the information attached to this form is the official report cards or transcript.

Counselor Signature: _____ Date: _____

(Counselor: Please complete the form, add requested information and forward to Clarksburg High School by Dec. 23, 2016 via PONY, US mail or email to APPS Director Sarah_L_Costlow@mcpsmd.org)

English/ Language Arts Teacher Recommendation

Current English/Language Arts Teacher Recommendation Form

To be completed by the teacher

Dear Teacher:

Your recommendation is an important consideration in the decision process of the screening committee. Please complete the recommendation with reference to the demands of this challenging program and the full spectrum of students in general. Your comments are encouraged and greatly appreciated.

Student Name: _____

A. Is this course an advanced course? Yes No
If no, is there an advanced course available in the school? Yes No

B. Recommendation for APPS program: Recommend
 Recommend with reservations
 Do not recommend

C. Please comment on the student's academic / personal integrity and performance.

MCPS teachers complete and return this recommendation form to the Clarksburg HS APPS Program via mail, PONY or email; or to the counseling office in the applicant's school for forwarding. If the recommendation is from a teacher outside MCPS, please mail/email these forms to address below: Please note these forms are identical to MCPS magnet program teacher recommendation forms. Those can be substituted for submission.

All recommendations for
Clarksburg High School APPS program
must be received by
the beginning of Winter Break (Dec.)

Clarksburg High School APPS Program
(Advanced Placement Power Scholars)
22500 Wims Road
Clarksburg, MD 20871
Attn.: APPS Coordinator
sarah_l_costlow@mcpsmd.org

CONFIDENTIAL

Please use the following rating scale in completing each of the descriptors for this student. Consider the student with reference to the demands of the program and the full spectrum of students in general.

- 5 – Exhibits this trait to an **exceptional degree**
- 4 – Exhibits this trait **consistently**
- 3 – Exhibits this trait **frequently**
- 2 – Exhibits this trait **occasionally**
- 1 – Exhibits this trait **rarely**

	RATING					SCORE
Demonstrates higher order thinking skills (analysis/synthesis of ideas)	5	4	3	2	1	
Learns quickly with good retention	5	4	3	2	1	
Is a keen and alert observer	5	4	3	2	1	
Applies concepts to new materials	5	4	3	2	1	
Quickly recognizes and understands conceptual relationships	5	4	3	2	1	
Seeks intellectual challenges	5	4	3	2	1	
Is sensitive to clock and calendar deadlines	5	4	3	2	1	
Works well in group settings	5	4	3	2	1	
Demonstrates ability to concentrate	5	4	3	2	1	
<i>Demonstrates strong skills in:</i>						
Word usage and mechanics	5	4	3	2	1	
Content appropriate reading comprehension	5	4	3	2	1	
Content appropriate written expression	5	4	3	2	1	
Content appropriate critical thinking	5	4	3	2	1	
Content appropriate problem solving	5	4	3	2	1	
Demonstrates initiative and intellectual curiosity	5	4	3	2	1	
Is a self-starter and can work independently	5	4	3	2	1	
Can see past immediate rewards to long-range goals	5	4	3	2	1	
Generates a large number of ideas or solutions to problems	5	4	3	2	1	
Is a high academic risk-taker	5	4	3	2	1	
Demonstrates an interest in Language Arts	5	4	3	2	1	
TOTAL						

Teacher completing form: PRINT

Telephone number

Course title

Grade level

Teacher signature

Date

Mathematics Teacher Recommendation

Current Math Teacher Recommendation Form

To be completed by the teacher

Dear Teacher:

Your recommendation is an important consideration in the decision process of the screening committee. Please complete the recommendation with reference to the demands of this challenging program and the full spectrum of students in general. Your comments are encouraged and greatly appreciated.

Student Name: _____

A. Is this course an advanced course? Yes No
If no, is there an advanced course available in the school? Yes No

B. Recommendation for APPS program? Recommend
 Recommend with reservations
 Do not recommend

C. Please comment on the student's academic / personal integrity and performance.

MCPS teachers complete and return this recommendation form to the Clarksburg HS APPS Program via mail, PONY or email; or to the counseling office in the applicant's school for forwarding. If the recommendation is from a teacher outside MCPS, please mail/email these forms to address below: Please note these forms are identical to MCPS magnet program teacher recommendation forms. Those can be substituted for submission.

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- 4 – Exhibits this trait **consistently**
- 3 – Exhibits this trait **frequently**
- 2 – Exhibits this trait **occasionally**
- 1 – Exhibits this trait **rarely**

	RATING					SCORE
Demonstrates higher order thinking skills (analysis/synthesis of ideas)	5	4	3	2	1	
Learns quickly with good retention	5	4	3	2	1	
Is a keen and alert observer	5	4	3	2	1	
Applies concepts to new materials	5	4	3	2	1	
Quickly recognizes and understands conceptual relationships	5	4	3	2	1	
Seeks intellectual challenges	5	4	3	2	1	
Is sensitive to clock and calendar deadlines	5	4	3	2	1	
Works well in group settings	5	4	3	2	1	
Demonstrates ability to concentrate	5	4	3	2	1	
<i>Demonstrates strong skills in:</i>						
Mathematical computation	5	4	3	2	1	
Content appropriate reading comprehension	5	4	3	2	1	
Content appropriate written expression	5	4	3	2	1	
Content appropriate critical thinking	5	4	3	2	1	
Content appropriate problem solving	5	4	3	2	1	
Demonstrates initiative and intellectual curiosity	5	4	3	2	1	
Is a self-starter and can work independently	5	4	3	2	1	
Can see past immediate rewards to long-range goals	5	4	3	2	1	
Generates a large number of ideas or solutions to problems	5	4	3	2	1	
Is a high academic risk-taker	5	4	3	2	1	
Demonstrates an interest in Mathematics	5	4	3	2	1	
TOTAL						

Teacher completing form: PRINT

Telephone number

Course title

Grade level

Teacher signature

Date

Science Teacher Recommendation

Current Science Teacher Recommendation Form

To be completed by the teacher

Dear Teacher:

Your recommendation is an important consideration in the decision process of the screening committee. Please complete the recommendation with reference to the demands of this challenging program and the full spectrum of students in general. Your comments are encouraged and greatly appreciated.

Student Name: _____

A. Is this course an advanced course? Yes No
If no, is there an advanced course available in the school? Yes No

B. Recommendation for APPS program? Recommend
 Recommend with reservations
 Do not recommend

C. Please comment on the student's academic / personal integrity and performance.

MCPS teachers complete and return this recommendation form to the Clarksburg HS APPS Program via mail, PONY or email; or to the counseling office in the applicant's school for forwarding. If the recommendation is from a teacher outside MCPS, please mail/email these forms to address below: Please note these forms are identical to MCPS magnet program teacher recommendation forms. Those can be substituted for submission.

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- 2 – Exhibits this trait **occasionally**
- 1 – Exhibits this trait **rarely**

	RATING					SCORE
Demonstrates higher order thinking skills (analysis/synthesis of ideas)	5	4	3	2	1	
Learns quickly with good retention	5	4	3	2	1	
Is a keen and alert observer	5	4	3	2	1	
Applies concepts to new materials	5	4	3	2	1	
Quickly recognizes and understands conceptual relationships	5	4	3	2	1	
Seeks intellectual challenges	5	4	3	2	1	
Is sensitive to clock and calendar deadlines	5	4	3	2	1	
Works well in group settings	5	4	3	2	1	
Demonstrates ability to concentrate	5	4	3	2	1	
<i>Demonstrates strong skills in:</i>						
Scientific concepts	5	4	3	2	1	
Content appropriate reading comprehension	5	4	3	2	1	
Content appropriate written expression	5	4	3	2	1	
Content appropriate critical thinking	5	4	3	2	1	
Content appropriate problem solving	5	4	3	2	1	
Demonstrates initiative and intellectual curiosity	5	4	3	2	1	
Is a self-starter and can work independently	5	4	3	2	1	
Can see past immediate rewards to long-range goals	5	4	3	2	1	
Generates a large number of ideas or solutions to problems	5	4	3	2	1	
Is a high academic risk-taker	5	4	3	2	1	
Demonstrates an interest in Science	5	4	3	2	1	
TOTAL						

Teacher completing form: PRINT

Telephone number

Course title

Grade level

Teacher signature

Date

Social Studies Teacher Recommendation

Current Social Studies Teacher Recommendation Form

To be completed by the teacher

Dear Teacher:

Your recommendation is an important consideration in the decision process of the screening committee. Please complete the recommendation with reference to the demands of this challenging program and the full spectrum of students in general. Your comments are encouraged and greatly appreciated.

Student Name: _____

A. Is this course an advanced course? Yes No
If no, is there an advanced course available in the school? Yes No

B. Recommendation for APPS program? Recommend
 Recommend with reservations
 Do not recommend

C. Please comment on the student's academic / personal integrity and performance.

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- 3 – Exhibits this trait **frequently**
- 2 – Exhibits this trait **occasionally**
- 1 – Exhibits this trait **rarely**

	RATING					SCORE
Demonstrates higher order thinking skills (analysis/synthesis of ideas)	5	4	3	2	1	
Learns quickly with good retention	5	4	3	2	1	
Is a keen and alert observer	5	4	3	2	1	
Applies concepts to new materials	5	4	3	2	1	
Quickly recognizes and understands conceptual relationships	5	4	3	2	1	
Seeks intellectual challenges	5	4	3	2	1	
Is sensitive to clock and calendar deadlines	5	4	3	2	1	
Works well in group settings	5	4	3	2	1	
Demonstrates ability to concentrate	5	4	3	2	1	
<i>Demonstrates strong skills in:</i>						
Word usage and sentence structure	5	4	3	2	1	
Content appropriate reading comprehension	5	4	3	2	1	
Content appropriate written expression	5	4	3	2	1	
Content appropriate critical thinking	5	4	3	2	1	
Content appropriate problem solving	5	4	3	2	1	
Demonstrates initiative and intellectual curiosity	5	4	3	2	1	
Is a self-starter and can work independently	5	4	3	2	1	
Can see past immediate rewards to long-range goals	5	4	3	2	1	
Generates a large number of ideas or solutions to problems	5	4	3	2	1	
Is a high academic risk-taker	5	4	3	2	1	
Demonstrates an interest in Social Studies	5	4	3	2	1	
TOTAL						

Teacher completing form: PRINT

Telephone number

Course title

Grade level

Teacher signature

Date

World Languages Teacher Recommendation

Current World Languages Teacher Recommendation Form

To be completed by the teacher

Dear Teacher:

Your recommendation is an important consideration in the decision process of the screening committee. Please complete the recommendation with reference to the demands of this challenging program and the full spectrum of students in general. Your comments are encouraged and greatly appreciated.

Student Name: _____

A. Is this course an advanced course? Yes No
If no, is there an advanced course available in the school? Yes No

B. Recommendation for APPS program? Recommend
 Recommend with reservations
 Do not recommend

C. Please comment on the student's academic / personal integrity and performance.

MCPS teachers complete and return this recommendation form to the Clarksburg HS APPS Program via mail, PONY or email; or to the counseling office in the applicant's school for forwarding. If the recommendation is from a teacher outside MCPS, please mail/email these forms to address below: Please note these forms are identical to MCPS magnet program teacher recommendation forms. Those can be substituted for submission.

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- 4 – Exhibits this trait **consistently**
- 3 – Exhibits this trait **frequently**
- 2 – Exhibits this trait **occasionally**
- 1 – Exhibits this trait **rarely**

	RATING					SCORE
Demonstrates higher order thinking skills (analysis/synthesis of ideas)	5	4	3	2	1	
Learns quickly with good retention	5	4	3	2	1	
Is a keen and alert observer	5	4	3	2	1	
Applies concepts to new materials	5	4	3	2	1	
Quickly recognizes and understands conceptual relationships	5	4	3	2	1	
Seeks intellectual challenges	5	4	3	2	1	
Is sensitive to clock and calendar deadlines	5	4	3	2	1	
Works well in group settings	5	4	3	2	1	
Demonstrates ability to concentrate	5	4	3	2	1	
<i>Demonstrates strong skills in:</i>						
Word usage and sentence structure	5	4	3	2	1	
Content appropriate reading comprehension	5	4	3	2	1	
Content appropriate written expression	5	4	3	2	1	
Content appropriate critical thinking	5	4	3	2	1	
Content appropriate problem solving	5	4	3	2	1	
Demonstrates initiative and intellectual curiosity	5	4	3	2	1	
Is a self-starter and can work independently	5	4	3	2	1	
Can see past immediate rewards to long-range goals	5	4	3	2	1	
Generates a large number of ideas or solutions to problems	5	4	3	2	1	
Is a high academic risk-taker	5	4	3	2	1	
Demonstrates an interest in World Languages	5	4	3	2	1	
TOTAL						

Teacher completing form: PRINT

Telephone number

Course title

Grade level

Teacher signature

Date

APPS PROGRAM
Advanced Placement Power Scholars
Clarksburg High School

FORM 4: LIST OF REFERENCES AND EXTRA-CURRICULAR VERIFICATION

Student Name: _____

List of References

Please provide the names of **three** teachers to whom you have given the recommendation forms (Form 3). Recommendations must be from teachers of seventh/eighth grade courses. The recommendations may be in the content areas of English/Language Arts, Math, Science, Social Studies or World Languages.

Teachers given recommendation forms:

1. Teacher's Name _____ Subject _____
2. Teacher's Name _____ Subject _____
3. Teacher's Name _____ Subject _____

Extra-Curricular Verification

Please list below all of your organized in-school or out-of-school activities. Activities may include academic clubs, sports teams, music lessons, art lessons or religious studies. Record the name of each activity, dates of participation and sponsor/coach so we can verify your participation if necessary. Include activities you participated in during 7th and 8th grades only.

Name of Activity	Grade(s)	Dates of Participation	Sponsor/Coach
<i>Example:</i> Community Soccer Team	7/8	9/2012 – 11/2013 9/2014 - 5/2015	<i>Name (print)</i>

*if you are a student applying to APPS as a 9th grader, please list the last two years of extra curricular activities.

FORM

5

WRITING
SAMPLE

APPS PROGRAM

Advanced Placement Power Scholars

Clarksburg High School

FORM 5: WRITING SAMPLE

Student Name: _____

The APPS application requires a **writing sample**.

The writing sample should be a one to two page, double spaced, typed response to your choice of *any* of the following prompts:

Choices:

Prompt choice #1: You have million dollars to launch your own entrepreneurial idea. What is it? How does it solve a problem or address a need?

Prompt choice #2: Design your own three week class and describe what you would teach, how and why.

Prompt choice #3: Who do you think has been one of the most influential people in our society and why?

Write the title of your writing sample below.

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