

**BRADEN RIVER HIGH SCHOOL**  
**Advancement Via Individual Determination**  
**School Year 2025-2026**



**Student Information** (Application, cont.)

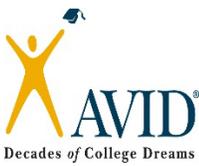
**Student Name:** \_\_\_\_\_

**Student I.D. #:** \_\_\_\_\_

**Student Short Answer Questions**

1. What do you like the most about school? What do you like least about school? Explain.
2. What about the AVID program appeals to you? If you have previously participated in the AVID program, what did you gain from the experience and why do you want to continue? What makes you a strong candidate for the AVID program?
3. What is the biggest obstacle you have ever had to overcome and how did you do it?
4. What are your academic goals for the future? What colleges and majors are you interested?
5. Why do you believe college to be important? Will you be the first member of your family to go to college? If so, how does that make you feel?
6. How did you hear about the AVID program? Who recommended you for it?

**Students who wish to be considered for the AVID program must return this form to  
Mrs. Rouse (605) BY \_\_ March 28, 2025**



**AVID Teacher Recommendation Form (please give to your teacher and they will give it to me by the due date)**

Recommendation for: \_\_\_\_\_  
(Student's Full Name)

Student's School: \_\_\_\_\_

I recommend the above-named student as a candidate for Braden River High School's AVID program. I have known him/her for \_\_\_\_\_ as a student in my \_\_\_\_\_ class. This student has the potential to go to college, and I believe that the AVID program will help him/her achieve this goal. Please consider him/her for participation in this elective program.

\_\_\_\_\_  
(teacher's signature) (date)

Please rate this student on a scale of 1 – 5 with 5 as excellent, 3 as average, and 1 as not a strength.

General Behavior	_____	School Attendance	_____
Organizational Skills	_____	Internal Motivation	_____
Turning assignments in on time	_____	Writing Skills	_____
Willing to accept support	_____	Ability to work w/ other students	_____
Ability to do honor's work w/extra support	_____		

\*\* Note: If you need to speak directly with the BRHS AVID Coordinator, contact Rebecca Rouse via email or call 751-8230, ext. 31075- Return form to Teacher Mailbox (Rouse) by 03/28/25

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**AVID Teacher Recommendation Form (please give to your teacher and they will give it to me by the due date)**



Recommendation for: \_\_\_\_\_  
(Student's Full Name-Printed)

Student's School: \_\_\_\_\_

I recommend the above-named student as a candidate for Braden River High School's AVID program. I have known him/her for \_\_\_\_\_ as a student in my \_\_\_\_\_ class. This student has the potential to go to college, and I believe that the AVID program will help him/her achieve this goal. Please consider him/her for participation in this elective program.

\_\_\_\_\_  
(teacher's signature) (date)

**Please rate this student on a scale of 1 – 5 with 5 as excellent, 3 as average, and 1 as not a strength.**

General Behavior	_____	School Attendance	_____
Organizational Skills	_____	Internal Motivation	_____
Turning assignments in on time	_____	Writing Skills	_____
Willing to accept support	_____	Ability to work w/ other students	_____
Ability to do honor's work w/extra support	_____		

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