

Apply online at [www.oraclesoftruth.org](http://www.oraclesoftruth.org)



# Application for Admissions

**Working for Personal and Global Transformation**

 **Oracles of Truth™**  
**Academy**

[www.oraclesoftruth.org](http://www.oraclesoftruth.org)

Sacramento, California

# Help us get to know who you are.

**Thank you for your interest in Oracles of Truth (OT) Academy.** We are excited and proud to provide you with a new type of educational experience.

We are committed to your success, which begins with removing the financial barrier that limits access to a quality college education. Here at OT Academy, your college education is tuition-free. This means that you do not need to complete a Free Application for Federal Student Aid form in addition to completing this application for Admissions.

While there is no cost to you to enroll and take classes, you are still responsible for academic fees. Academic fees include an application fee, courseware fees, and technology fees.

It is our vision and mission to manifest personal and global transformation by empowering every person who matriculates through our programs to live as exemplars in every area of their life. This includes in the community, at home, at work, and at school.

The power to succeed lies in your hands. The actions you take today for yourself will be the catalyst for change in others. Thank you for giving us an opportunity to serve you on this educational journey to your greatest and prosperous future!

**Tammé McCowin, Ed.D.**

Chairman & President

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**PREFER TO APPLY ONLINE?**

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## CHECKLIST FOR New Student Applicants

OT Academy uses a cohort review and selection admissions process. Use this helpful checklist to ensure you provide the necessary information for a complete application.

### U.S. RESIDENTS

- A completed and signed [Application for Admission \[PDF\]](#) or online via our [Open Enrollment Application](#)**
- \$45 application fee make check or money order payable to OT Academy**  
The fee is required and non-refundable.
- Official high school transcript(s)**  
Complete through seven semesters or the semester most recently completed. Transcripts of any summer school or college work must be submitted as well. Your final transcript is required prior to enrollment. Home-schooled students are reviewed on a case-by-case basis. Please submit supporting documentation of curriculum and certification.
- Copy of your G.E.D. (if applicable)**
- Cognitive testing (must have been administered within three years of applying)**  
The Weschler Adult Intelligence Scale III (WAIS III), Weschler Intelligence Scale for Children (WISC) or the Woodcock Johnson Cognitive Test is acceptable. These tests are comprised of a series of standardized tests used to evaluate the cognitive and intellectual abilities of students. Complete scores including subtests are required to provide a comprehensive understanding of the applicant.
- Nelson-Denny reading scores (must have been administered within one year of applying)**  
Gives a three-dimensional picture of your reading abilities by measuring your vocabulary development, reading comprehension and reading rate. If you have questions about this test or need assistance in locating a test administrator,
- Guidance Counselor, Teacher, or Professional recommendation**  
Completed by a Guidance Counselor, Teacher or Professional in an academic subject who knows you well. You may submit additional recommendations from any guidance, teacher, or professional that knows you personally or professionally.
- Personal Statement**  
A personal statement allows you to tell us who you are, why you have selected OT Academy, and how you intend to make a difference for yourself and others.

### INTERNATIONAL STUDENTS

- TOEFL Scores**  
Applicants for whom English is not their first language must submit scores from the Test of English as a Foreign Language along with the other items listed above.

**Note:** OT Academy does not currently offer assessment and diagnostic services for Cognitive Tests or the Nelson Denny Reading tests. Students are encouraged to consult with their health care provider and/or health insurance company regarding possible coverage for an assessment and if there are qualified providers who can perform an assessment. Refer to local educational resources such as local community college, public library, or school district for additional referral services.

### Mail completed application packet to:

Office of Admissions  
Oracles of Truth Academy  
P.O. Box 292721  
Sacramento, CA 95829

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## CHECKLIST FOR Visiting Student Applicants

If you are an existing college student, enrolled at a community college or university, and wish to receive credit for courses you take with us to offset the cost of tuition at your current school use this helpful checklist to ensure you provide the necessary information for a complete application.

### U.S. RESIDENTS

- A completed and signed [Application for Admission \[PDF\]](#) or online via our [Open Enrollment Application](#)**
- \$45 application fee make check or money order payable to OT Academy**  
The fee is required and non-refundable.
- Official transcripts of all college work**
- Guidance Counselor, Teacher, or Professional recommendation**  
Completed by a Guidance Counselor, Teacher or Professional in an academic subject who knows you well. You may submit additional recommendations from any guidance, teacher, or professional that knows you personally or professionally.
- Personal Statement**  
A personal statement allows you to tell us who you are, why you have selected OT Academy, and how you intend to make a difference for yourself and others.

### INTERNATIONAL STUDENTS

- TOEFL Scores**  
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## CHECKLIST FOR Auditing Student Applicants

If you are curious about the academic rigor of our programs, we invite you to sample a course in one of our programs. Auditing students that wish to enroll full-time after auditing one of our courses must complete the New Student Applicant Checklist. The application fee and personal statement will be waived if student applies and enrolls within eight (8) weeks of completing the selected course. Use the following checklist to ensure you provide the necessary information for a complete application.

### U.S. RESIDENTS

- A completed and signed [Application for Admission \[PDF\]](#) or online via our [Open Enrollment Application](#)**
- \$45 application fee make check or money order payable to OT Academy**  
The fee is required and non-refundable.
- Cognitive testing (must have been administered within three years of applying)**  
The Weschler Adult Intelligence Scale III (WAIS III), Weschler Intelligence Scale for Children (WISC) or the Woodcock Johnson Cognitive Test is acceptable. These tests are comprised of a series of standardized tests used to evaluate the cognitive and intellectual abilities of students. Complete scores including subtests are required to provide a comprehensive understanding of the applicant.
- Nelson-Denny reading scores (must have been administered within one year of applying)**  
Gives a three-dimensional picture of your reading abilities by measuring your vocabulary development, reading comprehension and reading rate. If you have questions about this test or need assistance in locating a test administrator,
- Personal Statement**  
A personal statement allows you to tell us who you are, why you have selected OT Academy, and how you intend to make a difference for yourself and others.

### INTERNATIONAL STUDENTS

- TOEFL Scores**  
Applicants for whom English is not their first language must submit scores from the Test of English as a Foreign Language along with the other items listed above.

**Note:** OT Academy does not currently offer assessment and diagnostic services for Cognitive Tests or the Nelson Denny Reading tests. Students are encouraged to consult with their health care provider and/or health insurance company regarding possible coverage for an assessment and if there are qualified providers who can perform an assessment. Refer to local educational resources such as local community college, public library, or school district for additional referral services.

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## Application for Admissions

OT Academy currently offers a two-year associates degree in Instructional Design Technology. Submission of this application is for enrollment into this degree program. The degree conferred upon students requires completion of the following two academic tracks:

- Personal Transformation Leadership
- Instructional Design Technology

I am applying for the term beginning \_\_\_\_\_

Have you previously attended OT Academy (including any audited courses)

Yes  No If yes, when: \_\_\_\_\_

### PERSONAL INFORMATION

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Preferred Name \_\_\_\_\_ Previous Last Names), if any \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
*(mm/dd/yy) (Single, married, etc.)*

Email \_\_\_\_\_

### PERMANENT ADDRESS

\_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province County Zip/Postal*

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_  
*Area/County Code Area/County Code*

Please give your current address for all admission correspondence, if different from above.

**CURRENT MAILING ADDRESS**

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ County \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Mailing Address Valid from \_\_\_\_\_ to \_\_\_\_\_  
Area/County Code (mm/dd/yy) (mm/dd/yy)

**CITIZENSHIP**

Place of Birth \_\_\_\_\_  
City/Town State/Province County

US Citizen  Due Citizen; please specify country of citizenship \_\_\_\_\_

US permanent resident visa; citizen of \_\_\_\_\_ Alien registration number \_\_\_\_\_

Other citizenship \_\_\_\_\_  
Visa

If you live in United States, but are not U.S. citizen, how many years have you lived in the country? \_\_\_\_\_

If not English, language spoken in your home \_\_\_\_\_ List your first language \_\_\_\_\_

**ETHNICITY**

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino?  Yes  No (country of family's origin \_\_\_\_\_)

How would you describe your racial background? (Select one or more of the following categories):

- Asian (country of family's origin) \_\_\_\_\_  Native Hawaiian/Pacific Islander
- Black or African American  White
- American Indian or Alaskan Native

**FAMILY INFORMATION**

**PARENT/GUARDIAN #1**

Parent  Guardian \_\_\_\_\_  
Title Last (Family) First Middle Suffix

Male  Female Living?  Yes  No (Date Deceased) \_\_\_\_\_  
(mm/yyyy)

If different from yours

Address \_\_\_\_\_  
Street Address Apt. #

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduated School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

**PARENT/GUARDIAN #2**

Parent  Guardian \_\_\_\_\_  
*Title Last (Family) First Middle Suffix*

Male  Female Living?  Yes  No (Date Deceased) \_\_\_\_\_  
*(mm/yyyy)*

*If different from yours*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduated School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Your parents are \_\_\_\_\_ If divorced, list date \_\_\_\_\_  
*(married/divorced, etc.) (mm/yyyy)*

With whom do you reside?  Both  Parent/Guardian #1  Parent/Guardian #2  
 Other (Explain) \_\_\_\_\_

List names, genders, and ages of your siblings, college (if any), degree(s), and dates of attendance.

Name	Gender	Age	Institution	Degree(s)	Dates
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**HIGH SCHOOL ACADEMIC INFORMATION**

**Note: This section must also be completed by visiting student applicants.**

School \_\_\_\_\_ CEEB Code \_\_\_\_\_



Type of school:  Public  Private  Correspondence  Charter  Parochial  High-school  Other

School Address \_\_\_\_\_  
*Number and Address*

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Start Date \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
*(mm/yyyy) (mm/yyyy)*

Counselor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
*Begin with Area or Country Code*

Counselor's Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
*Begin with Area or Country Code*

Are you currently enrolled in school?  Yes  No

Will/did you graduate from high school early?  Yes  No

Did you receive a GED?  Yes  No

If so, list date: \_\_\_\_\_ (Please send or attach official scores from testing agency)  
*(mm/yyyy)*

**OTHER HIGH SCHOOLS**

*List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit official transcripts from each school.*

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COLLEGES/UNIVERSITIES**

*List all colleges and universities you attended while still in high school. Official transcripts are required. (Visiting Students should provide all college information requested on page 7).*

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STANDARDIZED TEST INFORMATION**

OT Academy does not require standardized SAT and Act test scores to apply. Applicants must submit their test scores for the following two tests.

- **Cognitive Test:** The Weschler Adult Intelligence Scale III (WAIS III), Weschler Intelligence Scale for Children (WISC) or the Woodcock Johnson Cognitive Test are acceptable
- **Nelson Denny Reading Test**

**Note:** Include your test score for each of the standardized test above from an authorized testing center along with your application. If you apply online, you may upload your test scores or send them directly to us at the address cited at the end of this form.

**TOEFL/ Test of English as a Foreign Language** (required for international students)

Paper-based \_\_\_\_\_ Internet-based \_\_\_\_\_  
*Date Subject Score Date Subject Score*

Computer-based \_\_\_\_\_  
*Date Subject Score*

**AP/IB TEST SCORES**

Please list any Advanced Placement or International Baccalaureate exams taken with the test date and scores.

_____	_____	_____	_____	_____	_____
<i>Test Date</i>	<i>Subject</i>	<i>Score</i>	<i>Test Date</i>	<i>Subject</i>	<i>Score</i>
_____	_____	_____	_____	_____	_____
<i>Test Date</i>	<i>Subject</i>	<i>Score</i>	<i>Test Date</i>	<i>Subject</i>	<i>Score</i>
_____	_____	_____	_____	_____	_____
<i>Test Date</i>	<i>Subject</i>	<i>Score</i>	<i>Test Date</i>	<i>Subject</i>	<i>Score</i>

**ACADEMIC DISTINCTIONS**

Please list any academic or educational awards and honors you received in high school below (e.g. National Merit, National Honor Society). If additional space is needed, please attach your response to the end of the application.

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**COLLEGE ACADEMIC INFORMATION FOR VISITING STUDENTS**

Current Institution \_\_\_\_\_ CEEB Code \_\_\_\_\_

Institution Type:  Public  Private  Proprietary

Institution's Address \_\_\_\_\_  
*Name and Address*

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Start Date \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
*(mm/yyyy) (mm/yyyy)*

Advisor's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
*Begin with Area or Country Code*

Advisor's Email \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
*Begin with Area or Country Code*

Are you currently enrolled in college or university?  Yes  No

Will/did you graduate from high school early?  Yes  No

Did you receive a GED?  Yes  No

If so, list date: \_\_\_\_\_ (Please send or attach official scores from testing agency)  
*(mm/yyyy)*

**CURRENT YEAR'S COURSES**

*Please list name, level (introductory-level, upper-level, etc.) and credit value of your current year's courses.*

Semester #1/Trisemster #1	Semester #2/Trisemster #2	Trisemester #3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER COLLEGES/UNIVERSITIES ATTENDED**

List all colleges or universities you have attended. Official transcripts must be provided.

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**EXTRACURRICULAR AND VOLUNTEER INFORMATION**

To be completed by all applicants.

Please list any significant extracurricular or community activities and hobbies (including summer) in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. (Please note: "C" means College).

Activity	Grade Level	Specific Accomplishments	Hrs/Wk	Wks/Yr	Will you continue?
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> C	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

**EMPLOYMENT INFORMATION**

List any work experience (including summer jobs) during the past three years.

Employer	Job Description	Dates of Employment	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ACTIVITY DESCRIPTION

Tell us more about one of your extracurricular, volunteer, or employment activities (100-150 words). If you need more space, please attach your response to the end of the application.

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## MULTIMEDIA INFORMATION

Optional: In addition to your personal statement (see page 11) you may also provide us with a link to any online content you feel:

1. Tells OT Academy more about yourself
2. Demonstrates a particular talent you possess
3. Highlights an activity in which you participated

Some ideas include linking to an online video you created, a portfolio (pictures or photographs), a musical composition, or a news paper or magazine article.

http://\_\_\_\_\_

Briefly describe the contents of the link you provide. \_\_\_\_\_

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**ADDITIONAL INFORMATION**

Who or what factors led you to apply OT Oracles of Truth Academy? \_\_\_\_\_

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Please list any other colleges to which you are applying: \_\_\_\_\_

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If you have not enrolled in high school or college for the past six months, please indicate how you have spent your time (i.e. travel, work, military service, etc.): \_\_\_\_\_

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If you have additional information that was not specifically requested on the application or did not fit in the space provided, feel free to include it here. If you need more space, please attach your response to the end of the application.

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**DISCIPLINE INFORMATION**

Have you ever been placed on probation, suspended, removed, dismissed, or expelled from any school or academic program since 9<sup>th</sup> grade?  Yes  No

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime?  Yes  No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

## AUTHORIZATION

By applying to Oracles of Truth Academy and signing this application, I indicate my understanding that Oracles of Truth Academy offers an intensive, rigorous academic program focused on new media technology tuition-free. The academy provides extensive academic and student services designed to help and support students to excel and achieve success in their personal and professional lives through its online blended and integrated learning platforms. I understand that access to the Oracle Learning Community is available 24 x7 per week, and to succeed in the program, I must be prepared, willing, and able to attend class sessions, interact in the online learning community, complete assignments and do up to four hours of coursework per day. I recognize that students that are ready and motivated to meet OT Academy's high academic standards and expectations generally succeed academically and are able to transfer to a baccalaureate degree program or obtain gain, long-term employment of their choosing. I also understand that students not prepared or motivated to complete the work required in our intensive academic learning environment, or who may have issues secondary to academic performance that require their focus, may have difficulty achieving the learning outcomes of the programs we offer.

**Note:** Oracles of Truth Academy reserves the right to waive requirements or request additional information as necessary to reach an admissions decision.

**My signature below indicates that the information in my application is correct and honestly presented.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Oracles of Truth Academy admits students of any race, color, national, ethnic, and religious origin to all the rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color gender, national and ethnic, and religious origin, or sexual orientation in the administration of its educational policies and scholarship programs, and other academic or extra curricular learning-administration programs.

**Mail completed form to:**

Oracles of Truth Academy, Office of Admissions, P.O. Box 292721, Sacramento, CA 95829



# Applicant's Personal Statement

**Required of all applicants for admission into OT Academy.**

Applicant's Name \_\_\_\_\_

When deciding who will be offered admission to OT Academy, the Admissions Committee considers many factors such as the applicant's academic motivation, expectations of commitment, to the support systems and our academic educational model, academic goals, and the nature of your learning ability.

Please write an essay that demonstrates your ability to develop and communicate your own thoughts.

In 500 words or less, critically evaluate your educational history. (If you have previously attended or are enrolled in a college or university, we ask that you focus your comments on that experience). We want you to demonstrate your understanding of your own personal challenges and strengths. In this essay consider one or more of the following questions to guide you as you write your personal statement:

- Why did you choose OT Academy?
- What are your challenges and strengths as a learner?
- What skills do you hope to develop at OT Academy?
- Are there any educational accommodations that you require to achieve your true potential?
- Are there any educational practices that make difference for you to demonstrate your true human capability?
- How will your active participation in our academic programs contribute to your ongoing personal and professional goals?
- How will you make a self-service contribution to society from having completed your education at OT Academy?

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Please make an attempt to print clearly and neatly.

**APPLICANT INFORMATION**

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Date of Birth \_\_\_\_\_  
*(mm/dd/yy)*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

**WAIVER OF ACCESS**

I have requested that this report be filled out by school officials for use in the admissions process and in counseling by officials of Oracles of Truth Academy. In accordance with the family Educational Rights and Privacy act of 1974, I have indicated my intention regarding access to these reports by checking on of the following options:

- I waive access to this report, which shall therefore be considered confidential.
- I do not waive access to this report.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: If you agree to the waiver printed above, we will preserve the strict confidentiality of this document, and it will be made available only to OT Academy officials. If you have not agreed, this report will be made available to you, upon your request, if you become a student at OT Academy.*

**COUNSELOR INFORMATION**

Oracles of Truth Academy is an institution of higher learning that offers tuition-free academic programs to students that have a strong desire to excel and succeed in their own lives and be an exemplar for others. Your assistance is needed in providing an academic profile for this candidate for admissions. Please complete this form. If needed, attach additional sheets.

Counselor's Name \_\_\_\_\_ Position \_\_\_\_\_

Counselor's Phone (\_\_\_\_\_) \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
*Begin with Area or Country Code*

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Please list name, level (Honors, AP, IB, etc.) and credit value of this student's current year's courses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC INFORMATION**

Please answer the questions below. Attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

**CLASS RANK**

Does your school rank students?  Yes  No If yes, what is the class rank of this student? \_\_\_\_ out of \_\_\_\_

Do any students share this rank?  Yes  No If so, how many? \_\_\_\_\_ Is the rank weighted?  Yes  No

**CUMULATIVE GPA**

This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ Is the GPA weighted?  Yes  No

Your school's passing grade is \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_

**SCHOOL PROFILE**

Link to School Profile (optional): http:// \_\_\_\_\_

Percentage of graduating class attending four-year institutions \_\_\_\_\_ two-year institutions \_\_\_\_\_

In comparison with other college bound students attending your school, the student's course selection is  
 Less than challenging  Average challenging  Very challenging  Most challenging

**BACKGROUND INFORMATION**

For how long have you know this applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_

Briefly describe your overall impression of this applicant. \_\_\_\_\_

**APPLICANT RATINGS**

Please rate this student compared to other college-bound students in his or her class  
( I prefer not to participate in the applicant rating section)

	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATION**

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

Overall, I recommend this student for admission  Not at all  With reservation  Fairly strong  
 Strongly  Enthusiastically

Has the applicant ever been placed on probation, suspended, removed, dismissed or expelled from school?  Yes  No

Has the applicant ever been convicted of any misdemeanor, felony, or other crime?  Yes  No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident below. If necessary please attach your response to the end of this form.

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of counselor \_\_\_\_\_ Date \_\_\_\_\_



# Instructor Recommendation

Please make an attempt to print clearly and neatly.

## APPLICANT INFORMATION

Please complete the applicant information questions below, and then give this form to a teacher of your choosing who knows you well. For ease of submission, please provide your counselor with a stamped envelope addressed to: Office of Admissions, OT Academy, P.O. Box 292721, Sacramento, CA 95829

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Date of Birth \_\_\_\_\_  
*(mm/dd/yy)*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

## WAIVER OF ACCESS

I have requested that this report be filled out by school officials for use in the admissions process and in counseling by officials of Oracles of Truth Academy. In accordance with the family Educational Rights and Privacy act of 1974, I have indicated my intention regarding access to these reports by checking on of the following options:

- I waive access to this report, which shall therefore be considered confidential.
- I do not waive access to this report.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you agree to the waiver printed above, we will preserve the strict confidentiality of this document, and it will be made available only to OT Academy officials. If you have not agreed, this report will be made available to you, upon your request, if you become a student at OT Academy.

## INSTRUCTOR INFORMATION

Oracles of Truth Academy is an institution of higher learning that offers tuition-free academic programs to students that have a strong desire to excel and succeed in their own lives and be an exemplar for others. Your assistance is needed in providing an academic profile for this candidate for admissions. Please complete this form. If needed, attach additional sheets.

instructor's Name \_\_\_\_\_ Position \_\_\_\_\_

Instructor's Phone (\_\_\_\_\_) \_\_\_\_\_ Instructor's Email \_\_\_\_\_  
*Begin with Area or Country Code*

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

School Address \_\_\_\_\_  
*Street Address*

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Please list name, level (Honors, AP, IB, etc.) and credit value of this student's current year's courses.

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### BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity? \_\_\_\_\_

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Briefly describe your overall impression of this applicant. \_\_\_\_\_

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List the courses you taught this applicant. Please include the course level of difficulty (honors, AP, IB, etc.) and the year in which you taught the applicant (i.e. sophomore, junior, senior). \_\_\_\_\_

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### APPLICANT RATINGS

Please rate this student compared to other college-bound students in his or her class.

I prefer not to participate in the applicant rating section)

<b>ACADEMIC</b>	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CHARACTER/PERSONALITY TRAITS</b>	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATION**

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

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Overall, I recommend this student for admission  Not at all  With reservation  Fairly strong  Strongly  Enthusiastically

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of counselor \_\_\_\_\_ Date \_\_\_\_\_

Please make an attempt to print clearly and neatly.

**APPLICANT INFORMATION**

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Date of Birth \_\_\_\_\_  
*(mm/dd/yy)*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

**WAIVER OF ACCESS**

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- I waive access to this report, which shall therefore be considered confidential.
- I do not waive access to this report.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you agree to the waiver printed above, we will preserve the strict confidentiality of this document, and it will be made available only to OT Academy officials. If you have not agreed, this report will be made available to you, upon your request, if you become a student at OT Academy.

**COUNSELOR INFORMATION**

Oracles of Truth Academy is an institution of higher learning that offers tuition-free academic programs to students that have a strong desire to excel and succeed in their own lives and be an exemplar for others. Your assistance is needed in providing an academic profile for this candidate for admissions. Please complete this form. If needed, attach additional sheets.

Counselor's Name \_\_\_\_\_ Position \_\_\_\_\_

Counselor's Phone (\_\_\_\_\_) \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
*Begin with Area or Country Code*

School \_\_\_\_\_ CEEB Code \_\_\_\_\_



School Address \_\_\_\_\_

Street Address

City/Town

State/Province

Country

Zip/Postal Code

Please list name, level (Honors, AP, IB, etc.) and credit value of this student's current year's courses.

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### ACADEMIC INFORMATION

Please answer the questions below. Attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

### CLASS RANK

Does your school rank students?  Yes  No If yes, what is the class rank of this student? \_\_\_\_ out of \_\_\_\_

Do any students share this rank?  Yes  No If so, how many? \_\_\_\_\_ Is the rank weighted?  Yes  No

### CUMULATIVE GPA

This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ Is the GPA weighted?  Yes  No

Your school's passing grade is \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_

### SCHOOL PROFILE

Link to School Profile (optional): [http://\\_\\_\\_\\_\\_](http://_____)

Percentage of graduating class attending four-year institutions \_\_\_\_\_ two-year institutions \_\_\_\_\_

In comparison with other college bound students attending your school, the student's course selection is  
 Less than challenging  Average challenging  Very challenging  Most challenging

### BACKGROUND INFORMATION

For how long have you know this applicant and in what capacity? \_\_\_\_\_

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Briefly describe your overall impression of this applicant. \_\_\_\_\_

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**APPLICANT RATINGS**

Please rate this student compared to other college-bound students in his or her class  
( I prefer not to participate in the applicant rating section)

	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATION**

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

Overall, I recommend this student for admission  Not at all  With reservation  Fairly strong  
 Strongly  Enthusiastically

Has the applicant ever been placed on probation, suspended, removed, dismissed or expelled from school?  Yes  No

Has the applicant ever been convicted of any misdemeanor, felony, or other crime?  Yes  No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident below. If necessary please attach your response to the end of this form.

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of counselor \_\_\_\_\_ Date \_\_\_\_\_



# Instructor Recommendation

Please make an attempt to print clearly and neatly.

## APPLICANT INFORMATION

Please complete the applicant information questions below, and then give this form to a teacher of your choosing who knows you well. For ease of submission, please provide your counselor with a stamped envelope addressed to: Office of Admissions, OT Academy, P.O. Box 292721, Sacramento, CA 95829

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Date of Birth \_\_\_\_\_  
*(mm/dd/yy)*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

## WAIVER OF ACCESS

I have requested that this report be filled out by school officials for use in the admissions process and in counseling by officials of Oracles of Truth Academy. In accordance with the family Educational Rights and Privacy act of 1974, I have indicated my intention regarding access to these reports by checking on of the following options:

- I waive access to this report, which shall therefore be considered confidential.
- I do not waive access to this report.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you agree to the waiver printed above, we will preserve the strict confidentiality of this document, and it will be made available only to OT Academy officials. If you have not agreed, this report will be made available to you, upon your request, if you become a student at OT Academy.

## INSTRUCTOR INFORMATION

Oracles of Truth Academy is an institution of higher learning that offers tuition-free academic programs to students that have a strong desire to excel and succeed in their own lives and be an exemplar for others. Your assistance is needed in providing an academic profile for this candidate for admissions. Please complete this form. If needed, attach additional sheets.

instructor's Name \_\_\_\_\_ Position \_\_\_\_\_

Instructor's Phone (\_\_\_\_\_) \_\_\_\_\_ Instructor's Email \_\_\_\_\_  
*Begin with Area or Country Code*

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

School Address \_\_\_\_\_  
*Street Address*

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Please list name, level (Honors, AP, IB, etc.) and credit value of this student's current year's courses.

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### BACKGROUND INFORMATION

For how long have you known this applicant and in what capacity? \_\_\_\_\_

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Briefly describe your overall impression of this applicant. \_\_\_\_\_

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List the courses you taught this applicant. Please include the course level of difficulty (honors, AP, IB, etc.) and the year in which you taught the applicant (i.e. sophomore, junior, senior). \_\_\_\_\_

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### APPLICANT RATINGS

Please rate this student compared to other college-bound students in his or her class.

I prefer not to participate in the applicant rating section)

<b>ACADEMIC</b>	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CHARACTER/PERSONALITY TRAITS</b>	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATION**

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

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Overall, I recommend this student for admission  Not at all  With reservation  Fairly strong  Strongly  Enthusiastically

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of counselor \_\_\_\_\_ Date \_\_\_\_\_



# College/University Report for Visiting Student Admission

Please make an attempt to print clearly and neatly.

## APPLICANT INFORMATION

Please complete the applicant information questions below, and then give this form to a college official who has access to your collegiate record (i.e. Dean, or College Registrar). For ease of submission, please provide the college official with a stamped envelope address to: Office of Admission, OT Academy, P.O. Box 292721, Sacramento, CA 95829.

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Date of Birth \_\_\_\_\_  
*(mm/dd/yy)*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Current College/University \_\_\_\_\_ CEEB Code \_\_\_\_\_

## WAIVER OF ACCESS

I have requested that this report be filled out by school officials for use in the admissions process and in counseling by officials of Oracles of Truth Academy. In accordance with the family Educational Rights and Privacy act of 1974, I have indicated my intention regarding access to these reports by checking on of the following options:

- I waive access to this report, which shall therefore be considered confidential.
- I do not waive access to this report.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you agree to the waiver printed above, we will preserve the strict confidentiality of this document, and it will be made available only to OT Academy officials. If you have not agreed, this report will be made available to you, upon your request, if you become a student at OT Academy.

**COLLEGE OFFICIAL'S INFORMATION**

Oracles of Truth Academy is an institution of higher learning that offers tuition-free academic programs to students that have a strong desire to excel and succeed in their own lives and be an exemplar for others. Your assistance is needed in providing an academic profile for this candidate for admissions. Please complete this form. If needed, attach additional sheets.

Official's Name \_\_\_\_\_ Position \_\_\_\_\_

Official's Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Counselor's Email \_\_\_\_\_  
*Begin with Area or Country Code*

College/University \_\_\_\_\_ CEEB Code \_\_\_\_\_

College/University Address \_\_\_\_\_  
*Street Address*

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**ACADEMIC INFORMATION**

Please answer the questions below. Attach to this form an official transcript, including current courses, a school profile, and transcript legend.

Student's dates of attendance used to calculate class rank (if applicable) and cumulative grade point average \_\_\_\_\_ to \_\_\_\_\_  
*(mm/yyyy) (mm/yyyy)*

**CLASS RANK**

Does your school rank students?  Yes  No If yes, what is the class rank of this student? \_\_\_\_ out of \_\_\_\_

Do any students share this rank?  Yes  No If so, how many? \_\_\_\_\_ Is the rank weighted?  Yes  No

**CUMULATIVE GPA**

This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ Is the GPA weighted?  Yes  No

Your school's passing grade is \_\_\_\_\_ Highest GPA in class \_\_\_\_\_ Graduation date \_\_\_\_\_

**BACKGROUND INFORMATION**

For how long have you know this applicant and in what capacity? \_\_\_\_\_

Briefly describe your overall impression of this applicant. \_\_\_\_\_

**APPLICANT RATINGS**

Please rate this student compared to other college-bound students in his or her class  
( I prefer not to participate in the applicant rating section)

	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EVALUATION

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

What are the applicant's reasons for applying to be as a visiting student at OT Academy? \_\_\_\_\_

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Overall, I recommend this student for admission  Not at all  With reservation  Fairly strong  
 Strongly  Enthusiastically

1. Is this applicant in good academic standing and eligible to return?  Yes  No
2. Has this applicant ever been on probation, suspended, removed, dismissed, or expelled from school?  Yes  No
3. Has the applicant ever been convicted of any misdemeanor, felony, or other crime?  Yes  No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident below. If necessary please attach your response to the end of this form.

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of counselor \_\_\_\_\_ Date \_\_\_\_\_





# Professor Recommendation for Visiting Student Admission

Please make an attempt to print clearly and neatly.

## APPLICANT INFORMATION

Please complete the applicant information questions below, and then give this form to a teacher of your choosing who knows you well. For ease of submission, please provide your counselor with a stamped envelope addressed to: Office of Admissions, OT Academy, P.O. Box 292721, Sacramento, CA 95829

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Date of Birth \_\_\_\_\_  
*(mm/dd/yy)*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

## WAIVER OF ACCESS

I have requested that this report be filled out by school officials for use in the admissions process and in counseling by officials of Oracles of Truth Academy. In accordance with the family Educational Rights and Privacy act of 1974, I have indicated my intention regarding access to these reports by checking on of the following options:

- I waive access to this report, which shall therefore be considered confidential.
- I do not waive access to this report.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you agree to the waiver printed above, we will preserve the strict confidentiality of this document, and it will be made available only to OT Academy officials. If you have not agreed, this report will be made available to you, upon your request, if you become a student at OT Academy.

## PROFESSOR INFORMATION

Oracles of Truth Academy is an institution of higher learning that offers tuition-free academic programs to students that have a strong desire to excel and succeed in their own lives and be an exemplar for others. Your assistance is needed in providing an academic profile for this candidate for admissions. Please complete this form. If needed, attach additional sheets.

Instructor's Name \_\_\_\_\_ Position \_\_\_\_\_

Professor's Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Professor's Email \_\_\_\_\_  
*Begin with Area or Country Code*

College/University \_\_\_\_\_ CEEB Code \_\_\_\_\_

College/University Address \_\_\_\_\_  
*Street Address*

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**BACKGROUND INFORMATION**

For how long have you known this applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your overall impression of this applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the courses you taught this applicant. Please include the course level of difficulty (honors, AP, IB, etc.) and the year in which you taught the applicant (i.e. sophomore, junior, senior). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT RATINGS**

Please rate this student compared to other college-bound students in his or her class.  
( I prefer not to participate in the applicant rating section)

<b>ACADEMIC</b>	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Academic Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHARACTER/PERSONALITY TRAITS**

	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATION**

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

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Overall, I recommend this student for admission  Not at all  With reservation  Fairly strong  Strongly  Enthusiastically

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of counselor \_\_\_\_\_ Date \_\_\_\_\_



# Professional Recommendation

Please make an attempt to print clearly and neatly.

## APPLICANT INFORMATION

Please complete the applicant information questions below, and then give this form to a teacher of your choosing who knows you well. For ease of submission, please provide your counselor with a stamped envelope addressed to: Office of Admissions, OT Academy, P.O. Box 292721, Sacramento, CA 95829

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_  Male  Female  
*Last (Family) First Middle Suffix (Jr., Sr., etc.)*

Date of Birth \_\_\_\_\_  
*(mm/dd/yy)*

Address \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_  
*City/Town State/Province Country Zip/Postal Code*

Current School \_\_\_\_\_ CEEB Code \_\_\_\_\_

## WAIVER OF ACCESS

I have requested that this report be filled out by my employer or colleague for use in the admissions process and in counseling by officials of Oracles of Truth Academy. In accordance with the family Educational Rights and Privacy act of 1974, I have indicated my intention regarding access to these reports by checking on of the following options:

- I waive access to this report, which shall therefore be considered confidential.
- I do not waive access to this report.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you agree to the waiver printed above, we will preserve the strict confidentiality of this document, and it will be made available only to OT Academy officials. If you have not agreed, this report will be made available to you, upon your request, if you become a student at OT Academy.

## COLLEAGUE INFORMATION

Oracles of Truth Academy is an institution of higher learning that offers tuition-free academic programs to students that have a strong desire to excel and succeed in their own lives and be an exemplar for others. Your assistance is needed in providing an academic profile for this candidate for admissions. Please complete this form. If needed, attach additional sheets.

Manager/Colleagues' Name \_\_\_\_\_ Position \_\_\_\_\_

Manger's/Colleagues' Phone (\_\_\_\_\_) \_\_\_\_\_ Professor's Email \_\_\_\_\_  
*Begin with Area or Country Code*

Employer/Colleague Address \_\_\_\_\_  
*Street Address*

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**BACKGROUND INFORMATION**

For how long have you known this applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

Briefly describe your overall impression of this applicant. \_\_\_\_\_

\_\_\_\_\_

List one or more projects this applicant worked on with you or for you. Please include the level of difficulty (short-term, long-term, project risks, needs, and expectations.) Share as much information about the project(s) and the applicant's contribution to the project(s). State whether the project(s) were a success or failure and why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT RATINGS**

Please rate this student compared to other college-bound students in his or her class.  
( I prefer not to participate in the applicant rating section)

<b>ACADEMIC</b>	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Professional Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHARACTER/PERSONALITY TRAITS**

	No Ability to Judge	Below Average	Average	Excellent	Outstanding
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Leadership/Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATION**

Please attach your evaluation of this applicant to this form. Include your thoughts about academic and personal characteristics. Institutions are particularly interested in information that will help to differentiate this applicant from others.

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Overall, I recommend this student for admission  Not at all  With reservation  Fairly strong  Strongly  Enthusiastically

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of Manager/Colleague \_\_\_\_\_ Date \_\_\_\_\_