



## Application

### GENERAL INFORMATION

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

MALE     FEMALE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_

DISABILITY \_\_\_\_\_

ARE YOU YOUR OWN LEGAL GUARDIAN?

YES     NO

### FAMILY INFORMATION (Family that student resides with)

PARENT 1 NAME \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### EDUCATIONAL INFORMATION

ARE YOU CURRENTLY A HIGH SCHOOL STUDENT?

YES     NO

ARE YOU CURRENTLY A COLLEGE STUDENT?

YES     NO

IF NO, HAVE YOU BEEN ACCEPTED TO A COLLEGE FOR THE 2015-2016 YEAR?

YES     NO

Please list all schools attended from 9<sup>th</sup> through 12<sup>th</sup> grade. Also include colleges or other relevant educational programs that applicant has entered, even if student withdrew or was dismissed.

CURRENT/MOST RECENT SCHOOL OR PROGRAM \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CURRENT GRADE/GRADE LEVEL ACHIEVED: \_\_\_\_\_

## EDUCATIONAL INFORMATION (Continued)

SCHOOL/PROGRAM NAME \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

GRADE LEVEL ACHIEVED OR DIPLOMA/DEGREE \_\_\_\_\_

SCHOOL/PROGRAM NAME \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

GRADE LEVEL ACHIEVED OR DIPLOMA/DEGREE \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM SCHOOL?  YES  NO

IF YES, PLEASE EXPLAIN AND INCLUDE DATES: \_\_\_\_\_

## APPLICANT INFORMATION

ARE YOU ABLE TO WAKE INDEPENDENTLY WITH AN ALARM CLOCK?  YES  NO

CAN YOU BATHE AND DRESS YOURSELF?  YES  NO

CAN YOU SIT AND LISTEN FOR PERIODS OF AT LEAST 30 MINUTES AT A TIME?  YES  NO

CAN YOU COMMUNICATE YOUR NEEDS INDEPENDENTLY?  YES  NO

DO YOU TAKE ANY MEDICATION?  YES  NO

IF YES, PLEASE LIST MEDICATION AND REASON: \_\_\_\_\_

CAN YOU TAKE YOUR MEDICATIONS INDEPENDENTLY?  YES  NO

IF NO, WHAT ASSISTANCE DO YOU NEED?

EXPLAIN: \_\_\_\_\_

ANY SPECIAL DIETARY NEEDS/RESTRICTIONS? \_\_\_\_\_

ALLERGIES AND REACTIONS? \_\_\_\_\_

IS THERE ANY HISTORY OF ALCOHOL, DRUG OR LEGAL DIFFICULTIES?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

OTHER SERIOUS HEALTH CONCERNS THAT WE SHOULD BE AWARE OF? \_\_\_\_\_

**\*TO BE COMPLETED BY STUDENT**

**SPECIAL INFORMATION**

1. WILL YOU NEED SPECIAL ACCOMMODATIONS IN THE DORMATORY?

\_\_\_\_\_

2. WHAT CHALLENGES (if any) DO YOU HAVE IN THE CLASSROOM?

- Not enough time  Difficulty writing  Sequencing / prioritizing  Group instruction
- Paying attention  Blurt out answers  Difficulty with written material  Getting organized
- Other \_\_\_\_\_

3. WHAT ACCOMODATIONS HAVE YOU HAD IN THE CLASSROOM IN THE PAST?

- Additional Time  Calculator  Computer  Assistive Technology  Assistance with note taking  Preferred seating  Other

4. WHAT WOULD YOU LIKE TO DO AFTER HIGH SCHOOL/CURRENT PROGRAM?

\_\_\_\_\_

5. DESCRIBE YOUR PERSONAL INTERESTS INCLUDING HOBBIES AND SPORTS:

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

6. WHY WOULD YOU LIKE TO COME TO PROJECT COLLEGE?

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

**STUDENT STATEMENT (Use additional paper if needed)**

Please explain your strengths and challenges:

List 3 goals that you would like to achieve while attending *Project College*:

## **PARENT STATEMENT**

Please explain your student's strengths:

List at least 3 goals you would like your student to achieve while attending *Project College*:

Please explain any special considerations that *Project College* should be aware of, i.e. safety concerns, personal habits, sensory issues, and/or behavioral difficulties.

Has your student ever stayed away from home before? If so, for how long and why:

Explain your student's internet and computer habits:

Additional comments:

## **COSTS / FINANCIAL ASSISTANCE**

The full tuition for the week (*including meals, lodging, and activities*) is \$800.

A \$100 non-refundable deposit is due at the time of acceptance.

Needs-based scholarships are available for the balance of the tuition. Please indicate the amount of assistance, if any, you will need to attend: \$\_\_\_\_\_.

*Tuition is due in full by June 1, 2015. After that time, there will be no refunds.*

## RELEASE/WAIVER

Student Name: \_\_\_\_\_ I give my permission for myself (or child of whom I have legal custody or guardianship) to participate in the Project College program. I (or my child) am (is) physically able and mentally prepared to participate in these activities. I am voluntarily signing this document on behalf of myself (or my child) and hereby release University of San Diego (USD), United Cerebral Palsy (UCP), and Project College directors, staff, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while participating in any Project College program or activities either on the campus of USD or elsewhere. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees as a group and/or individually, from any loss, liability, damage, or cost they may incur due to said student's presence in, upon or near the Project College program or USD; whether caused by the negligence of Releasees or otherwise. I assume full responsibility for, and risk of, bodily injury, death, or property damage due to the negligence of Releasees or otherwise. I do hereby authorize the Project College directors, staff, and volunteers as agent for the undersigned, to consent with respect to said student, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at office of the physician or at the hospital. I understand that Project College, UCP and/or USD are not responsible for costs incurred for medical care. I intend this document to be broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## APPLICATION PACKET CHECKLIST

- |  |   |
|--|---|
| <input type="checkbox"/> Fully Completed Application         | <input type="checkbox"/> Individual Transition Plan |
| <input type="checkbox"/> Regional Center IPP (if applicable) | <input type="checkbox"/> School IEP (if applicable) |

Submit your application by mail to: ***Project College***

c/o: State Council on Developmental Disabilities San Diego, Imperial Office  
8880 Rio San Diego Drive, Suite 250  
San Diego, CA 92108  
Or FAX: (619) 688-3296

**Deadline for applications is April 1, 2015**

Questions?

Call SCDD San Diego, Imperial Office at (619) 688-3323  
or UCP at (858) 278-5420 x 131 and ask for "Project College Program Information".

***Project College***  
***June 21 - 26 2015***

Major Sponsorship for ***Project College*** provided by the **Foundation for Developmental Disabilities**

