



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 Shirt size _____

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

DID YOU *OR* WILL YOU GRADUATE HIGH SCHOOL WITH A DIPLOMA? YES NO (YEAR: _____)

ARE YOU CURRENTLY A COLLEGE STUDENT? YES NO

IF NO, HAVE YOU BEEN ACCEPTED TO A COLLEGE FOR THE 2017-2018 YEAR? YES NO

Please list all schools attended from 9th through 12th 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*?

***TO BE COMPLETED BY STUDENT**

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:

COSTS / FINANCIAL ASSISTANCE

The full tuition for the week (*including meals, lodging, and activities*) is \$850.

A \$200 non-refundable deposit is due at the time of acceptance.

Needs-based scholarships are available.

Please indicate the amount of assistance, if any, you will need to attend: \$_____.

Tuition is due in full by June 1, 2017. **After that time, there will be no refunds.**

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



This program is an entity separate from the University of San Diego (USD) and attendance in the "Project College" program does not in any way imply or guarantee acceptance into USD. Any students wishing to attend USD must complete the University's general application and admissions procedures and must receive acceptance by USD itself. While it is the intention that participation in the "Project College" program may increase the likelihood of college success, participation will not in any way influence the acceptance decisions of the USD Admissions Department.

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 is 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) |

Make sure all information is included. Incomplete application packets may not be considered.

Submit your application by mail to: *Project College*

c/o: Office of the State Council on Developmental Disabilities
8880 Rio San Diego Drive, Suite 250

San Diego, CA 92108

Or FAX: (619) 688-3296

Or EMAIL: Nancy.Dow@scdd.ca.gov

Deadline for applications is March 31, 2017

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 18 - 23 2017