



## APPLICATION FOR ADMISSION

# College Prep Summer Experience 2018

For students who are deaf or hard of hearing

The College Prep Summer Experience program is offered by the **Alabama Department of Rehabilitation Services** for college-bound students with hearing loss. Early applications are encouraged as enrollment is limited to ensure maximum personal attention. **The deadline for application is March 31, 2018**, but applications will be accepted until all slots are filled. Please return completed applications to Jamie Glass at 236 Goodwin Crest Drive Homewood, AL 35219 or [Jamie.Glass@rehab.alabama.gov](mailto:Jamie.Glass@rehab.alabama.gov)

ADRS one-week College Prep Program offers four options. Please indicate your desired program of study:

- Auburn University ACT Academy** June 3<sup>rd</sup> – June 10<sup>th</sup>  
Open to students entering the 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade or recent high school graduates
- Jacksonville State University College Preparation Camp** June 17<sup>th</sup> – June 23<sup>rd</sup>  
Open to students entering the 12<sup>th</sup> grade or recent high school graduates
- Troy University Camp Success College Preparation Camp** June 24<sup>th</sup>- June 30<sup>th</sup>  
Open to students entering the 12<sup>th</sup> grade or recent high school graduates
- University of Alabama Base Camp- Career Exploration** July 8<sup>th</sup>- 14<sup>th</sup>  
Open to students entering the 9<sup>th</sup>, 10<sup>th</sup> or 11<sup>th</sup> grade

### I. PERSONAL INFORMATION

Please Print

Student name: \_\_\_\_\_

Last

First

Middle

Nickname \_\_\_\_\_

Gender M  F

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address \_\_\_\_\_ Student Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Street

Apt Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Parent/guardian cell phone (\_\_\_\_\_) \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

**II. SCHOOL INFORMATION**

Name of School \_\_\_\_\_ Your State Student Number \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Name of School Counselor \_\_\_\_\_

School Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Counselor Email Address \_\_\_\_\_

Grade completed as of May 2018  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Anticipated date of graduation  May 2018  May 2019  May 2020  Other \_\_\_\_\_

**TO THE STUDENT:**

What accommodations do you receive in high school? (Attach additional sheet if needed):

- Sign language interpreter
- Extended time taking test
- Resource teacher
- Case manager
- Supplemental support
- Replacement classes
- Private school
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

What is your preferred mode of communication?

- Speaking/Listening
- Lipreading/ Speech Reading
- American Sign Language (ASL)
- Signed English
- Pidgin Sign English
- Cued Speech
- Gestures/ Fingerspelling
- Email/ Pen & Paper
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**III. ADDITIONAL ADMISSION REQUIREMENTS**

- (1.) Documentation of a hearing loss
- (2.) Current IEP or 504 Plan (if applicable)
- (3.) For students wanting to take the ACT test we will need your IEP Participation Checklist
- (4.) List any special dietary needs/restrictions \_\_\_\_\_

**IV. APPLICANT SIGNATURE**

I/we declare that the information reported above is true, correct and complete to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent or Guardian (Required if applicant is younger than 18) Date