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| POST-SECONDARY PROGRAMStudent Application |  |

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Gender |  | Social Security No. |  | Preferred Language |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Do you have a bank account | YES [ ]  | NO [ ]  | Do you receive SSI/SSDI? | YES [ ]  | NO [ ]  |
| Do you have other income | YES [ ]  | NO [ ]  | If yes, explain: |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  |
| Did you take the STAAR test? | YES [ ]  | NO [ ]  | Did you take the ACT and/or SAT? | YES [ ]  | NO [ ]  |
| V.I. Teacher |  | Phone |  |
|  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| Parent/Guardian Information |
| Are you your own guardian?  | YES [ ]  | NO [ ]  |  |
| Father’s Name |  | Legal Guardian? | YES [ ]  | NO [ ]  |
| Phone # |  | Emergency contact? | YES [ ]  | NO [ ]  |
| Mother’s Name |  | Legal Guardian | YES [ ]  | NO [ ]  |
| Phone # |  | Emergency Contact | YES [ ]  | NO [ ]  |
| **TWS/VRS COUNSELOR INFORMATION** |
| TWS/VRS Counselor |  | Phone # |  |

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| Previous Employment/Volunteer work experience*Previous work/volunteer work experience is not a prerequisite for joining the Post-Secondary Program* |
| Company |  | Phone |  |
| Job Title |  | Supervisor |  |
| Responsibilities: |  |
| From |  | To |  | Reason for Leaving |  |
| Company |  | Phone |  |
| Job Title |  | Supervisor |  |
| Responsibilities: |  |
| From |  | To |  | Reason for Leaving |  |
| Company |  | Phone |  |
| Job Title |  | Supervisor |  |
| Responsibilities: |  |
| From |  | To |  | Reason for Leaving |  |
| **MEDICAL INFORMATION** |
| Do you have health insurance  | YES [ ]  | NO [ ]  | Eye condition: |
| Describe your vision: |  |
| List of medications you are taking: |  |
| List of allergies: |  |
| List any other physical or mental health issues: |  |
| **TRAVEL INFORMATION** |
| Do you use a cane? |  | YES [ ]  | NO [ ]  | Do you use a dog guide?  | YES [ ]  | NO [ ]  |
| What other adaptations do you use? |  |
|  |
| **TRANSITION PLAN** |
| Do you have a plan for where you want to live, work, or attend school? If so, please explain below:  |
| **GOALS/INTERESTS** |
| Discuss your vocational goals: |  |
| Discuss your independent living goals: |  |
| What are your interests/hobbies? |  |
| Tell us anything that would help us know more about your education/rehabilitation needs: |  |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge.  |
| Signature |  | Date |  |