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| POST-SECONDARY PROGRAM  Student 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 |  | |