

# Summit Campus Housing Application



Applications will be considered on a rolling basis. You may submit an application concurrently with your application to a Consortium College; **your acceptance into Summit Campus is contingent on your acceptance into college.**

## SECTION 1: STUDENT PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Identified Gender: \_\_\_\_\_  
 Email: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_  
 Consortium College(s) that you have applied to: \_\_\_\_\_  
 \_\_\_\_\_  
 High School that you are attending (including location) \_\_\_\_\_  
 Primary Diagnosis: \_\_\_\_\_ IEP or 504? \_\_\_\_\_  
 Is English your first language?  Yes  No, \_\_\_\_\_ is my first language

## SECTION 2: FAMILY INFORMATION

Parent 1/Guardian		Parent 2/ Guardian
	Street Address	
	City, State, Zip	
	Home Phone	
	Cell Phone	
	Email	

If Parents are divorced, who has legal custody of student? \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

Who has financial responsibility for applicant's education? \_\_\_\_\_

### SECTION 3: STUDENT PREFERENCES

The rooms at Summit University Residence are either single or double occupancy. Accurate information is essential to make the best placement decision. This section must be filled out by the student only.

Anticipated College Start Date: \_\_\_\_\_

Have you ever lived away from home before?     YES     NO

Have you ever lived with a roommate?     YES     NO

How do you envision your room atmosphere?     I like to keep my room neat

I have a difficult time keeping my room neat

If you had an 8 am class the next day,     Before 11 pm     After 11 pm  
when would you go to bed?

Where do you envision your working on school assignments? (check all that apply)

In my room     In a study room in the dorm     In the library

In another location (please list) \_\_\_\_\_

Do you have any special dietary restrictions, needs or allergies?     YES     NO

If yes, please briefly explain. \_\_\_\_\_

### SECTION 4: STUDENT STATEMENTS

1. I am interested in living at the Summit Campus because:

---

---

2. I am most excited about going to college because:

---

---

3. I am most nervous about going to college because:

---

---

4. My personal strengths are:

---

---

5. My academic challenges are:

---

---

6. My academic strengths are:

---

---

7. I will require assistance with:

---

---

8. I do not like when other people:

---

---

9. Something that you would like the Summit Campus to know about you:

---

---

10. Participating in the Summit Campus program requires that residents accept individualized support in the areas of academics, socialization and independent living skills. How comfortable are you when talking about or receiving support for an Autism Spectrum Disorder?

- Very Uncomfortable
- Somewhat Uncomfortable
- Comfortable
- Somewhat Comfortable

- Very Comfortable
- Other: \_\_\_\_\_

11. Has there ever been disciplinary action taken against you: at school, resulting in either a suspension or expulsion? Outside of school, resulting in any criminal charges being filed? \*

- Yes
- No

If yes, please explain the disciplinary action taken in detail, as well as provide a time frame of the event.

---

---

\*Failure to disclose any information regarding conduct or disciplinary actions can result in dismissal from the Summit Campus residence.

## SECTION 5: AUTHORIZATION

Your signature acknowledges that all of the above information is correct to the best of your knowledge.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your completed application with a non-refundable check for \$50 made out to Summit Campus to:

Summit Campus  
c/o Nikki Koppel  
59 William Street  
Worcester, Massachusetts 01609

Acceptance into the Residence is contingent on acceptance into one of the Consortium Colleges and receipt of the following documentation: (1) A recent (within the last 3 years) Psychological or Neuro-psychological assessment report (school or private) and (2) the Current or most recent annual Individual Education Plan (IEP) or 504 Plan and reevaluation paperwork, if available. Once your completed application is received, we may ask you for contact information for one or two professionals that know the applicant.