Summit Campus 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** **or vocational program.**

**Section 1: Student Information**



First Name: Last Name: Middle Name: Nickname:

 Permanent Address:



Home Telephone: ( ) Cell Phone: ( )

 Date of Birth: / / Email:

Identified Gender: 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 students? With whom does the student live? Who has financial responsibility for an applicant's education?

**Section 3: Student Preferences**

The rooms at Summit Campus 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's 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, when would you go to bed?

☐ Before 11 pm ☐ After 11 pm

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:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 4. My personal strengths are:

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5. My academic challenges are:

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6. My academic strengths are:

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7. I will require assistance with:

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8. I do not like when other people:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* 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 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, MA 01609

Acceptance into the Residence is contingent on acceptance into a college or vocational program 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.