

Summer CLSC Program - Application Packet

Thank you for your interest in the Summer Career & Life Studies Certificate (CLSC) Program a 2-week intensive and exploratory opportunity offered by the University of Delaware, Center for Disabilities Studies. The program is designed for high school students with disabilities, age 16 – 21, and offers a carefully orchestrated person-centered sequence of individualized and group activities that will result in creating a post-high school plan of action targeting goals for continuing education, and/or training, apprenticeship, internship or career outcomes. Summer CLSC will also offer students opportunities to develop skills essential for independent living and social connecting.

Participating students will engage in activities on campus at the University of Delaware from **July 6th - July 17th**. Activities will include job shadowing, course sit-ins college visits, and workshops on goals setting, self-advocacy, and career exploration.

Interested candidates must submit an application and participate in an interview. Students from all three counties in Delaware can participate in this free program.

The Summer CLSC Program is supported by a grant from The State of Delaware Department of Labor, Division of Vocational Rehabilitation (DVR). The PETS Grant (Pre-Employment Transition Services) provides innovative programs combining best practices to provide opportunities for career exploration, vocational training, employment preparation to increase the likelihood of successful transition to competitive, integrated employment post high school.

**Summer CLSC
Application Deadline
May 1, 2019**

Name: _____

Address: _____

County: _____ Zip Code: _____

Home Telephone: _____ Cell Number: _____

Email Address: _____ Age: _____

Date of Birth: _____

High School: _____ Target Graduation Year: _____

Gender: ___ Male ___ Female ___ Other: _____

Optional: Please indicate how you identify yourself. Check all that apply.

_____ Native American or Alaska Native (including all Original People of the Americas)

_____ Asian (including Indian subcontinent and Philippines)

_____ Black or African American (including African and Caribbean)

_____ Hispanic or of Latin Descent

_____ Native Hawaiian or Other Pacific Islander

_____ White (including Middle Eastern)

_____ Other: _____

_____ Prefer not to identify

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

1. Do you have a disability? _____Yes _____No

If yes,

a. Describe your disability and how it affects your life.

b. Are you receiving services from: (Please check all that apply and provide your case managers name, phone number and email contact information).

____ DVR (Counselor Name: _____)

____ DDDS (Counselor Name: _____)

____ Other (Please specify: _____)

I am not currently receiving services (this does not affect your eligibility for the program)

c. What type of school setting are you in?

Fully included in general education curriculum in general education classes

Half time in general education and half time in special education

Not included in general education curriculum or classes/ included only in special education classes (e.g., life skills program)

Home School

Other: _____

2. Why are you interested in participating in the Summer CLSC Program?

3. What are you interested in learning more about during your Summer CLSC experience?

4. What types of supports/accommodations are most helpful to you in school?

5. Being on campus requires a lot of walking, time on your feet and long days. Please think about your stamina and energy level. What accommodations will be necessary so that you will be able to participate fully in the program?

6. What clubs/activities do you participate in at school or in your community?

7. Tell us about your work/volunteer experiences:

8. What type of job/career do you want to have in the future?

9. What do you plan to do after high school?

___ I am not sure what I want to do after high school.

___ I plan to get a job right away.

___ I plan to attend a 4-year university or community college.

___ I plan to attend a trade school or enter an apprenticeship.

___ I am interested in attending the 2-year CLSC program.

___ Other: _____

10. **References:** Please list two *non-family members* who know you well (like a teacher or community leader) who we could contact to learn more about you:

1. Name & relationship to you:

Email address:

Phone:

2. Name & relationship to you:

Email address:

Phone:

11. Are you your own legal guardian? ___ Yes _____ No
If NO, please provide the name of your guardian:

Relationship to you:

Address (if different from address on page 1):

11. Did someone help you complete this application?

_____ Yes _____ No

If yes, who helped? What types of support did they provide?

I verify that I have read and completed this application to the best of my knowledge.

Applicant Signature: _____

Date: _____

Signature of Legal Guardian: _____

Date: _____

When your application is complete, click the "Submit" button. An email will appear with your application as an attachment.

If you require assistance in completing this application or require an informational materials related to Summer CLSC in alternate format, please contact Rebecca Jewell at 302-831-7550 or rajewell@udel.edu.

Please email your completed application to rajewell@udel.edu or mail to:

The University of Delaware
The Center for Disabilities Studies
Attn: Rebecca Jewell – Summer CLSC Program
461 Wyoming Road
Newark, DE 19716
Fax: 302-831-4690