

## **Summer CLSC Program - Application Packet**

**Please Download this application before filling it out.**

**If you have trouble downloading this form, please email Rebecca Jewell at [rajewell@udel.edu](mailto:rajewell@udel.edu) and she will email one to you.**

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 12th - July 23rd**. Activities will include job shadowing, course sit-ins college visits, and workshops on goals setting, self-advocacy, and career exploration.

**Students from all three counties in Delaware can participate in this free program. Interested candidates must:**

- **Download** and submit an application
- Submit documentation of disability
- Participate in an interview

*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 April 1, 2021

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:

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Relationship to you:

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Address (if different from address on page 1):

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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. *By typing my name below, I attest that the information contained in this form is accurate to the best of my knowledge.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

In the case that the University of Delaware's COVID-19 policies do not allow for in-person summer programs to take place, Summer CLSC will be offered as a 4-week virtual program from July 5th - July 30th. Please answer the following questions to help us understand your technology needs should this occur.

1. Do you have access to reliable Internet that is able to support videocalling applications?
  - Yes
  - No
  - Other
  
2. Do you have access to a laptop or desktop computer with a camera?
  - Yes
  - No
  - Other
  
3. Please select all of the Zoom functions with which you are familiar and able to use independently:
  - Muting yourself
  - Sharing your screen
  - Typing messages in the Chat/Chatting with someone privately
  - Using the Raise Hand button
  - Creating a Zoom Meeting
  - I am not familiar with or able to perform any of these independently

4. Please select which of the following you are able to do independently or with minimal support:

Email

Microsoft Word

PowerPoint

Excel

Google Docs

Google Slides

Other

5. Please list any concerns you have about access to the technology necessary to participate in Summer CLSC. This will not affect your acceptance - we want to know how we can support you!

**When your application is complete, click the "Submit" button at the bottom of this page. An email will appear with your application as an attachment.**

**Please also attach to this email documentation of your disability. This can include your most recent IEP, 504 Plan, or Psychological Evaluation.**

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](mailto:rajewell@udel.edu).

Applications can be emailed to [rajewell@udel.edu](mailto:rajewell@udel.edu) or mailed 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