



CLE Summer Exploration, 2012

Application for Admission

Please type or print in black ink.

Personal Information

Applicant's Name: _____
Last/Family (Enter name exactly as it appears on birth certificate /transcripts) First/Given Middle (complete) Jr., etc.

Preferred name, if not first name (choose only one): _____ Former last name(s) if any: _____

Today's date: _____ Birth date: _____ Current Age: _____ Female ___ Male ___
mm/dd/yyyy mm/dd/yyyy

What school will you be attending in the fall of 2012? _____
Name of institution, city, state

If a college or post-secondary program, have you already been accepted for admission? _____ yes _____ no

E-mail address _____

Permanent home address: _____
Number and Street Apartment #

_____ *City or Town State/Province Country ZIP/Postal Code*

Permanent home phone (_____) _____ Cell phone (_____) _____
Area Code Area Code

If different from above, please give your mailing address for all admission correspondence.

Mailing address (from _____ to _____) Phone at mailing address (_____)
(mm/dd/yyyy) (mm/dd/yyyy) Area Code

_____ *Number and Street Apartment #*

_____ *City or Town State/Province Country ZIP/Postal Code*

If your mailing address is a boarding school, include name of school here: _____

Citizenship: ___ U.S. citizen Please list any non-US countries of citizenship: _____

___ US permanent resident visa Alien registration number: _____

Other citizenship Visa Type: _____

If you are not a US citizen and live in the United States, how long have you been in the country? _____

Educational Information

Secondary school you now attend (or from which you graduated): _____

Date of entry: _____ Date of secondary school graduation _____
mm/dd/yyyy mm/dd/yyyy

Type of school : ___ public ___ independent ___ religious ___ home school ___ Other

Address _____
Number and Street

City or Town _____ State/Province _____ Country _____ ZIP/Postal Code _____

Counselor's name (Mr./Ms./Dr., etc.) _____ Phone (_____) _____
Area Code Number Ext.

Counselor's e-mail _____ Fax (_____) _____
Area Code Number

Please check the appropriate box as it applies to your secondary education:

____ graduated with standard diploma ____ graduated with alternative diploma ____ completed GED ____ will not graduate
____ will graduate _____ (date) ____ will complete GED _____ (date)

Possible area(s) of academic concentration/major(s): _____

Possible career or professional plans: _____

Have you taken any courses for college credit? ____ yes ____ no

**If yes, please list the college(s) you attended and the number of credits completed.

_____ # of credits: _____

What is your disability diagnosis/diagnoses:

What would you like your instructors to know about the way you learn? _____

What challenges (if any) do you have in the classroom? ____ Not enough time ____ Difficulty writing ____ Sequencing/ prioritizing
____ Group instruction ____ Paying attention ____ Blurting out answers ____ Difficulty with written material ____ Getting organized

Other (please describe) _____

What accommodations have you had in the classroom in the past? ____ Additional Time ____ Calculator
____ Assistive Technology ____ Computer ____ Assistance with note taking ____ Preferred seating

Other _____
Please describe

Have you ever had an Individual Education Plan (IEP) while attending school? ____ Yes* ____ No

Have you ever had a Behavior Intervention Plan (BIP) while attending school? ____ Yes* ____ No

***If yes to either of these questions, please attach or provide a copy within 14 days of submitting this application.**

Test Information

Have you taken the SAT or ACT? ____ yes ____ no If yes, when? _____

If yes, please provide your scores:

ACT Composite _____ SAT Reading _____ SAT Writing _____ SAT Math _____

Have you taken the Accuplacer or the Compass? ____ yes ____ no If yes, when? _____

If yes, please provide your scores:

Accuplacer Math _____ Accuplacer Reading _____ Accuplacer English _____

Compass Math _____ Compass Reading _____ Compass Writing _____

Test of English as a Foreign Language (TOEFL)
or Other Exam

Test _____ Date taken/ _____ Score _____ Test _____ Date taken/ _____ Score _____

Extracurricular, Personal, Work and Volunteer Activities

Please list your **principal** extracurricular, community, work and family activities and hobbies, including summer activities **in the order of their interest to you**. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.** You may attach an additional page if necessary.

Activity	Grade level or post-graduate (PG)					Approximate Time Spent (indicate per week, month, or year)	Positions held, honors won or letters earned
	9	10	11	12	PG		

Getting to Know You

What are your strengths? _____

What goals have you set for yourself? _____

Why are you applying to CLE Summer Exploration? _____

Please list any current or previous health problems you have experienced in the last 4 years: (i.e. seizures, head injuries, diabetes, sleep disturbance, mental health issues – **include all hospitalizations**)

Please attach an additional sheet of paper if necessary to provide a thorough health history for the last 4 years.

Will any of the conditions listed above require any special accommodations for living or transportation? Yes No

If yes, please specify: _____

Are you currently taking any medication(s)? Yes No If Yes, please list all prescribed medication(s):

List any professional services you receive on a regular basis: _____

Have you ever been found responsible for a disciplinary violation at an education institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes* No

Have you ever been charged or convicted of a misdemeanor, felony, or other crime? Yes* No

***If you answered yes to either or both questions, attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.**

Family Information

Please list the adults who have legal rights and responsibilities toward you. (*If you are a minor, this is usually one or both of your living biological parents*). If you wish, you may list on an attached sheet step-parents and/or other adults with whom you reside, or who otherwise help care for you.

Parent/Guardian 1: Mother Father Legal Guardian

Parent/Guardian 2: Mother Father Legal Guardian

Last/Family First/Given Middle Title (Mr., Ms., Dr., etc.)

Last/Family First/Given Middle Title (Mr., Ms., Dr., etc.)

Home address **if different** from yours: _____

Home address **if different** from yours: _____

Home phone (_____) _____
Area Code

Home phone (_____) _____
Area Code

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Name of employer _____

Name of employer _____

College (if any) _____

College (if any) _____

Graduate school (if any) _____

Graduate school (if any) _____

With whom do you make your permanent home? Parent/Guardian 1 Parent/Guardian 2 Both Other

If other, please elaborate: _____

APPLICATION FEE PAYMENT

A **\$75 non-refundable application fee** and a **deposit are due at the time of application** to hold one space; **the deposit is: \$1000**; If for any reason your application is not accepted or the student withdraws, the **deposit is completely refundable until May 1**. Please choose your payment method below.

Online Payment Mailed Payment*

*make check payable to **College Living Experience** and send to:

College Living Experience
7250 Columbia Gateway Dr., Suite J
Columbia, MD 21046

Please indicate the **student's name** and **CLE Summer Program** with your payment.

Please attach or provide a **copy** of any of the following documentation that applies within 14 days of submitting this application, and indicate by checking the appropriate line below:

- Psycho-educational Evaluation (**most recent required**)
- Letter(s) of recommendation from current teacher or counselor (**required**)
- CLE Life Skills Inventory (**required**)
- IEP / 504 Plan, (if applicable, **most recent required**)
- Behavior Intervention Plan (if applicable, **most recent required**)

ADDITIONAL INFORMATION: *If there is any additional information you'd like to provide regarding special circumstances or other considerations, please attach a separate sheet with more details.*

I, the undersigned, am applying to College Living Experience Summer Exploration. I affirm that all the information above is complete and accurate to the best of my knowledge, and that I have fully disclosed all behavioral, health and mental health conditions and/or incidents of the previous 4 years. I grant my permission for CLE to contact any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application form or attached document(s), both of which constitute "this application." I consent to the release of any and all

information about me by any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application. I grant my permission for CLE and any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application to discuss anything about me. This consent shall continue until withdrawn in writing by me.

Student Signature

Date

Parent Signature

Date

Letter of Recommendation

The following letter or recommendation must be completed by a professional (educator or counselor) who has worked with this applicant and can speak to their current skill sets and level of functioning. At least one letter of recommendation must be submitted as part of the application package.

RE: _____
(applicant's name)

Dear Colleague,

The student (above) has applied for admission to a 3-week Summer Exploration program with College Living Experience. Please provide the following information regarding this student, along with any other information you feel would be relevant to this student's application. Feel free to attach an additional page if you need more space to respond. More information about Summer Exploration is available by visiting www.ExperienceCLE.com.

Your recommendation can be emailed to Ssimmons@ExperienceCLE.com or mailed to: College Living Experience, Summer Exploration, 7150 Columbia Gateway Dr., Suite J, Columbia, MD, 21046.

Thank you for your time.

Your name: _____ Title: _____

Contact Information: *phone:* _____ *School/Organization:* _____
e-mail: _____

How long have you known this student?
 Less than 1 year 1-2 years 2-3 years more than 3 years (please specify) _____

How often do you interact with this student?
 Daily Weekly Monthly Other (please specify) _____

In what capacity do you interact with this student? _____

Please describe the student's current learning environment, including the staff to student ratio: _____

Please describe this student's ability to function in new environments or under changing conditions: _____

How does this student manage stress and/or conflict? _____

How does this student respond to direction from adults? _____

Other relevant information: _____

Please check here if additional page(s) are attached: _____

Signature

Date