**PROJECT SEARCH**

**APPLICATION**

**2024-2025**







**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applications Due March 29th, 2024**

**Selection Process Guidelines:**

1. Submit the completed Application Packet by **Friday, March 29th, 2024** to:

**Samantha Wyatt**

**Project SEARCH Instructor**

The Arc of Story County

5820 Lincoln Way, Suite 101

Ames, IA 50014

1. Completing this application **does not** guarantee placement.
2. The Selection Committee will only accept fully completed applications. Any incomplete applications will be disregarded, and the Intern Candidate will not be accepted.
3. The Selection Committee will schedule interviews in April with the Intern Candidate. All individuals who are interviewed will be notified by the end of May if they were accepted or not accepted into the program.
4. If accepted, each Intern Candidate must be able to pass a criminal background check and drug screen.

**QUESTIONS? Contact:**

Tricia Crain: Executive director

arcdirector@thearcstory.org

515-232-9330

Samantha Wyatt: Instructor

psinstructor@thearcstory.org

641-691-6186

**Criteria for Program Participation**

Applicant **must:**

* Be 18-30 years of age.
* Have a high school diploma or GED.
* Have an ID/DD (Intellectual/Developmental Disability) or Autism Spectrum Disorder diagnosis.
* Qualify for Vocational Rehabilitation funding.
* Demonstrate self-sufficiency in personal hygiene and grooming.
* Have independent daily living skills
* Maintain expected behavior and social skills in the workplace without immediate supervision.
* Take direction from supervisors.

• Be able to communicate effectively (may be other than verbal).

* Be willing to explore transportation options *and* train for independent travel if necessary.
* Be able to pass a drug screen and criminal background check, be up to date on school-mandated immunizations, and be willing to comply with health screening requirements of host business.

• Will commit to working competitively (16 or more hours/week) after completion of the Project SEARCH program.

**Information for Intern Applicant and Parent/Guardian:**

Equal Opportunity: Project SEARCH acceptance will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.

**Applicant Personal Information:**

Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City, State Zip Code

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title XIX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

 mm dd yyyy

Circle one: Male Female Other

Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you your own guardian? Yes No

 If the answer is no, who is your legal guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Medical Diagnosis/Medical Concerns: (Include Disability Diagnosis)

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

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Medication List:

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

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Known Allergies:

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

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Because you will be working in various departments across campus, are you vaccinated against COVID-19? Your vaccination status will not impact your acceptance into the program. Yes No

Some departments across campus may require or highly suggest the use of masks. Are you able to wear an appropriate face covering for extended periods?

 Yes No

**APPLICANT**

What are you doing currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you graduated from high school? Yes No

If the answer is no, when will you complete high school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the answer is yes, what month/year did you graduate high school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What high school did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Project SEARCH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent/Caregiver Information 1:**

Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City, State Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Caregiver Information 2:**

Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City, State Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian information if applicable and different from parent information:**

Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City, State Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**

Reference 1:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (school or agency)

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 2:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (community or work)

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 3:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (community or work)

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Future Employment & Background:**

1. Do you want to be employed in the community upon completion of Project SEARCH: Full-time Part-time
2. What is your career of interest—what kinds of work are you interested in doing?
3. List past jobs you’ve had (can include volunteer work or work experiences through school programs):
4. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties: 1.

 2.

 3.

 4.

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates there: from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ Paid Unpaid

1. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties: 1.

 2.

 3.

 4.

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates there: from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ Paid Unpaid

1. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties: 1.

 2.

 3.

 4.

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates there: from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ Paid Unpaid

1. Have you ever quit or been fired from a job? yes no

If yes, please explain:

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

1. Do you plan to work during the program year, in addition to attending the Project SEARCH program? yes no
	1. If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How many days/hours per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you have a one-on-one associate or aide in high school? yes no
3. Can we contact your current or previous special education teacher? yes no

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to provide a copy of the students most recent IEP (Individualized Education Plan) and a FBA (Functional Behavior Assessment) if applicable?

yes no

Intern Candidate Response Questions:

1. Why do you want to participate in Project SEARCH? (Complete in your own words; if someone is assisting you, have them write your response in your own words).
2. Please see the Project SEARCH schedule below. Are you able to participate in this schedule on a daily basis (Monday-Friday)? ☐ Yes ☐ No

|  |  |
| --- | --- |
| 8:30 am - 9:30 am | Classroom instruction at the business site |
| 9:30 am - 2:00 pm | Internship (half hour lunch during this time) |
| 2:00 pm – 2:30 pm | Reflection and recap of internships in classroom |

1. If no, please explain:
2. Transportation:

 ☐ I have reliable transportation to get to work.

 ☐ I have my own car, driver's license and insurance.

 ☐ I know how to use public transportation.

☐ I'm willing to learn to use public transportation.

☐ I use a door-to-door transportation system independently and can make my own appointments.

☐ I use a door-to-door transportation system and a family member/other person helps to make the appointments.

1. Please describe what you feel are your strengths (i.e. what things are you particularly good at doing).
2. Please list any challenges or limitations that may impact your ability to keep a job.
3. What are your hobbies or interests?

Student/Guardian Self-Assessment

Please check the areas below that are challenges/barriers for you. For anything checked please explain (parent/caregiver or school staff may assist you in completing this section):

|  |  |
| --- | --- |
| ☐ Attendance (tardiness, absences) | ☐ Reading |
| ☐ Handwriting | ☐ Speech/language/other communication |
| ☐ Hyperactivity  | ☐ Emotional Outbursts |
| ☐ Staying on task | ☐ Ability to work with others  |
| ☐ Work stamina (stand, walk, etc.)  | ☐ Decision making  |
| ☐ Adjusting to new situations  | ☐ Taking medication  |
| ☐ Mental Health (depression, anxiety)  | ☐ Self-direction  |
| ☐ Theft  | ☐ Ability to handle money |
| ☐ Budgeting  | ☐ Mobility |
| ☐ Hygiene and grooming | ☐ Easily frustrated: |
| ☐ Technology | ☐ Other (Please note): |

Appropriate Social and Behavior Skills

1. I show respect to my peers and adults.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I work cooperatively with others.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I accept correction and criticism without a negative reaction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I have engaged in flirting, inappropriate touching, or public displays of affection such as holding hands, hugging, or kissing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I swear or use profanity in a school or work setting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I have lost my temper in a school or work environment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I respond when someone speaks or asks questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I make eye contact.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I use an appropriate tone of voice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I engage in appropriate conversation in a school or work environment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

1. I use appropriate body language in the school or work environment:
	1. Examples: No inappropriate hand gestures, sitting appropriately in a chair/posture, respecting personal space

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10% of the time | 225% of the time | 350% of the time | 475% of the time | 5100% of the time |

**Case Management Agency/MCO Provider:**

Do you have a **Case Manager**? yes no

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/MCO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you working with Vocational Rehabilitation? yes no

 If yes, who is your counselor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible for Medicaid (Title 19) services? yes no

Do you receive SSI? yes no

Do you receive support from other agencies? (i.e., SCL services, Counseling, or other)

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

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Comments/Additional Information:

Please share with us any additional information about yourself that you would like us to know.

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

 Parent/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if applicable and different from parent)

**Thank you for your time and effort in completing this application.**