

CIP 2010 Summer Program

Application for Admission

California
July 2nd - July 16th

Florida
June 18th - July 2nd

Indiana
June 18th - July 2nd

Massachusetts
July 18th - August 1st

The CIP Summer Program carefully screens applications for admission. Please take the time necessary to complete this application accurately and completely. An interview will also be required for acceptance into the CIP Summer Program.

**Please include an application fee of \$50.00 with this application (one time fee can be applied to future CIP applications). The full summer tuition amount will be due upon acceptance to the summer session.*

GENERAL INFORMATION

DATE _____

MALE FEMALE

APPLICANT NAME _____

DATE OF BIRTH _____ AGE _____

ADDRESS _____

PLACE OF BIRTH _____

CITY, STATE, ZIP _____

PRIMARY LANGUAGE _____

PHONE NUMBERS _____ HOME

APPLICANT EMAIL _____

_____ CELL PHONE #

FAMILY 1 INFORMATION (Family that the student resides with)

MOTHER'S NAME _____

FATHER'S NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

OCCUPATION _____

OCCUPATION _____

FAMILY 2 INFORMATION

MOTHER'S NAME _____

FATHER'S NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

OCCUPATION _____

OCCUPATION _____

SIBLING INFORMATION

Please list the *names, ages, gender* of all siblings in chronological order (eldest first). Include the applicant and all step and half siblings. Please indicate if deceased.

HOW WERE YOU REFERRED TO THE CIP SUMMER PROGRAM?

CONSULTANT NAME _____ COMPANY _____

ADDRESS _____ PHONE NUMBER _____

CITY, STATE, ZIP _____ EMAIL _____

WEBSITE _____

MAGAZINE _____

OTHER _____

EDUCATIONAL INFORMATION

College Internship Program will need official copies of the applicant's high school and post-high school transcripts. Please list all schools, colleges and other relevant educational programs the applicant has attended, even if student withdrew or was dismissed. Please include reason(s) and interim activities when not enrolled.

SCHOOL OR PROGRAM _____ DATES ATTENDED _____

ADDRESS _____

GRADE LEVEL ACHIEVED _____ CONTACT PERSON _____

EMAIL _____

SCHOOL OR PROGRAM _____ DATES ATTENDED _____

ADDRESS _____

GRADE LEVEL ACHIEVED _____ CONTACT PERSON _____

EMAIL _____

**Attach additional sheet if necessary.*

APPLICANT INFORMATION

*Please list all counselors and therapists who have seen applicant.

NAME _____ NATURE OF SERVICE _____

ADDRESS _____ AGE SEEN _____
(STREET) (CITY) (STATE) (ZIP) (PHONE)

NAME _____ NATURE OF SERVICE _____

ADDRESS _____ AGE SEEN _____
(STREET) (CITY) (STATE) (ZIP) (PHONE)

DO YOU HAVE ANY MEDICAL CONDITIONS? _____

LIST YOUR SPECIFIC L.D. DIAGNOSES? _____

WOODCOCK JOHNSON ACADEMIC TESTING: GRADE EQUIVALENT

READING _____ WRITING _____ MATH _____ LANGUAGE _____

*Please include a copy of WAIS III and WOODCOCK JOHNSON with application. Recent equivalent testing may be applicable if not older than 2 years.

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL REASONS: YES NO

IF YES, PLEASE GIVE DATE AND REASON *(Attach additional sheets if necessary)*

DO YOU TAKE ANY MEDICATION? YES NO IF YES, PLEASE DESCRIBE FOR WHAT?

STUDENT CAN SELF-MANAGE MEDICATIONS? YES NO IF NO, PLEASE EXPLAIN:

IS THERE ANY PAST HISTORY OF ALCOHOL, DRUG OR LEGAL DIFFICULTIES? YES NO

IF YES, PLEASE DESCRIBE _____

HAS STUDENT EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN

HAS STUDENT EVER BEEN SUSPENDED OR DISMISSED FROM SCHOOL? YES NO

IF YES, PLEASE EXPLAIN _____

SPECIAL INFORMATION

1. WILL YOU NEED SPECIFIC ACCOMMODATIONS? _____

2. WHAT ARE YOUR BEST SUBJECTS? _____

3. WHAT ARE YOUR MOST CHALLENGING SUBJECTS? _____

4. WHAT WOULD YOU LIKE TO DO POST HIGH SCHOOL OR AT THIS STAGE OF YOUR LIFE?

5. DESCRIBE YOUR PERSONAL INTERESTS INCLUDING HOBBIES AND SPORTS _____

6. DIETARY NEEDS AND/OR LIMITED FOOD PREFERENCES _____

7. ALLERGIES AND REACTIONS _____

8. ADDITIONAL COMMENTS _____

STUDENT STATEMENT

Please explain your strengths and challenges:

Please list 3 goals that you would like to achieve while attending the College Internship Summer Program:

Please list any previous volunteer or community service you have participated in:

PARENT STATEMENT

Please explain your student's strengths:

Please list at least 3 goals you would like your student to achieve while attending the College Internship Summer Program:

Please explain any special considerations that CIP should be aware of, i.e. personal habits, sensory issues, behavioral difficulties, suicidal thoughts or attempts and/or use of illegal substances. *(Attach additional sheets if necessary).*

Please explain any behavioral issues we should be aware of. Specifically in regard to anger management, personal habits and the potential for, or history of self-harm.

Has your student ever stayed away from home before? If so, how long and what for:

Explain your student's sleep habits:

Additional Comments:

STATEMENT OF AUTHENTICITY

NAME OF PERSON COMPLETING APPLICATION _____

ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

IF NOT APPLICANT, RELATIONSHIP TO APPLICANT _____

I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF STUDENT (APPLICANT)

DATE

SIGNATURE OF PARENT OR PREPARER

DATE

** The interview process will be determined once the application packet is complete. Interviews will be held at each of our four centers and at various locations around the country. The full summer tuition amount of \$3,875 will be due upon acceptance to the summer session.*

APPLICATION PACKET CHECKLIST

Do you have all of the following?

FULLY COMPLETED APPLICATION

\$50 APPLICATION FEE

DETAILED REFERENCE LETTER*

WOODCOCK JOHNSON

2 REFERENCE FORMS

H.S. TRANSCRIPT/IEP

STUDENT PHOTO

COPY FOR MY RECORDS

* In lieu of a current WAIS and psychological evaluation we will accept a detailed reference letter from a teacher or psychologist.

SEND COMPLETED PACKET TO:

Director of Admissions
College Internship Program
17 Main St.
Lee, MA 01238