

## CLARK INCLUSIVE SCHOLARS PROGRAM

### Application for Admission

We are excited that you have decided to pursue the Clark Inclusive Scholars Program at BGSU Firelands. Please complete the application for admission to the program.

#### Application Due Date

Applications submitted by March 1, 2023 will receive priority. Applicants selected for interviews will be invited to participate in an on-campus interview accompanied by their parent(s) / guardian(s), and families. Students will be notified regarding admission to the program with an acceptance letter after all candidate interviews are completed.

#### Application Checklist

- Clark Inclusive Scholars Program (CISP) Application
- Documentation of Disability

Documentation must demonstrate: 1) The applicant has an [intellectual disability](#) as defined by the American Association on Intellectual and Developmental Disabilities (AAIDD) or a Developmental Disability and 2) The applicant was formerly eligible to receive special education and related services under the Individuals with Disabilities Act (IDEA). A school record, such as an IEP, that includes both pieces of information would satisfy this requirement. If the school record does not specify that the applicant has an intellectual disability, additional documentation may include (a) an evaluation and diagnosis of an intellectual disability or developmental disability from a psychologist or other qualified professional, or (b) a record from a government agency (e.g., Social Security Administration, vocational rehabilitation) that identifies the intellectual disability.

- Most recent IEP from the last year of high school
- A transcript of the applicant's high school coursework and transcripts from any college or postsecondary training program attended
- Two letters of reference

Applications must include letters of reference from two non-family members who have known the applicant for at least one year. Include at least one reference from an educator (e.g., high school teacher, transition specialist). The second reference can be from an employer, coach, friend, neighbor, or any person who has a personal or professional relationship with the applicant. Please utilize the Reference Letter Form to complete this step.

#### Application Submission

Applications can be submitted to Kyle Closen, director of Clark Inclusive Scholars Program:

<b>By mail:</b> Clark Inclusive Scholars Program One University Drive Huron, OH 44839	<b>By e-mail:</b> <a href="mailto:kclosen@bgsu.edu">kclosen@bgsu.edu</a>
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For additional information or questions, contact 419-372-0613 or 419-433-5560.

## Application

An applicant may be referred to the Clark Inclusive Scholars Program (CISP) by self, parent, teacher, or other.

Applicant name \_\_\_\_\_ Date \_\_\_\_\_

Name of person completing application \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Student/Family Information

Student's name \_\_\_\_\_

Student's address \_\_\_\_\_

Student's email \_\_\_\_\_ Date of birth \_\_\_\_\_

Gender \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian names \_\_\_\_\_

Parent/Guardian addresses (if different) \_\_\_\_\_

Parent/Guardian email addresses \_\_\_\_\_

Parent/Guardian phone numbers \_\_\_\_\_

### Education

Name of high school attended \_\_\_\_\_ Year of graduation \_\_\_\_\_

Which of the following best describes your level of participation in high school?

- Fully included in regular classes
- Attended special education classes only
- Majority of time in an inclusive setting
- Majority of time in special education classes
- Other: \_\_\_\_\_

If applicable, please list the general education classes you completed.

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What were the most helpful accommodations and/or modifications you received in high school general education courses?

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Did you have homework in high school?  Yes  No

If yes, please describe the types of homework you completed:

Writing Assignments, please describe

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Worksheets, please describe

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Reading Assignments, please describe

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Presentations, please describe

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Projects (individual or group)

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Please describe specific homework accommodations and/or modifications you find helpful.

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What extracurricular activities were you involved in during high school (e.g., clubs, hobbies, sports and recreation, arts/music groups, faith-based groups, community involvement)?

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Have you attended college or a postsecondary training program before?  Yes  No

If so, where?

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### **Employment and Volunteer Experience**

1. Employer/Internship/Volunteer Experience Location: \_\_\_\_\_

Start date/End date \_\_\_\_\_ Average hours per week \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone/Email \_\_\_\_\_

Primary job duties \_\_\_\_\_

Paid, unpaid, or volunteer experience? \_\_\_\_\_

2. Employer/Internship/Volunteer Experience Location: \_\_\_\_\_

Start date/End date \_\_\_\_\_ Average hours per week \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone/Email \_\_\_\_\_

Primary job duties \_\_\_\_\_

Paid, unpaid, or volunteer experience? \_\_\_\_\_

3. Employer/Internship/Volunteer Experience Location: \_\_\_\_\_  
Start date/End date \_\_\_\_\_ Average hours per week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone/Email \_\_\_\_\_  
Primary job duties \_\_\_\_\_  
Paid, unpaid, or volunteer experience? \_\_\_\_\_

What is your dream job? What is it you like about your dream job?

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## Supports

Increasing overall independence is a goal of the Clark Inclusive Scholars Program. However, applicants are not required to be independent in all aspects of life in order to be eligible for the program. While it may not be possible to meet all special needs, every attempt will be made to meet the support needs of admitted students. Please check all that apply and describe needed supports:

I need support to take medication during the day. (describe)

\_\_\_\_\_

I need support in the restroom. (describe)

\_\_\_\_\_

I need support in managing stress and/or navigating changing environments. (describe)

\_\_\_\_\_

I need support to use the telephone to communicate with others. (describe)

\_\_\_\_\_

I need support in using email or other technology to communicate with others. (describe)

\_\_\_\_\_

I need support to use public transportation and/or paratransit services. (describe)

\_\_\_\_\_

I need support to cross intersections and/or more safely through parking lots. (describe)

\_\_\_\_\_

Describe any special needs—dietary, physical, behavioral, etc.—that should be considered in planning support for your participation in the program.

Do you receive personal, in-home, or community support services from an agency? Yes No

If yes,

Agency name \_\_\_\_\_

Agency city \_\_\_\_\_ Agency state \_\_\_\_\_

Agency service coordinator \_\_\_\_\_

List the services you receive \_\_\_\_\_

### Personal Essay

Please create a personal essay that answers the following questions. The essay may be submitted in written format or using multimedia such as video or a PowerPoint presentation. This is an excellent opportunity to showcase your critical thinking skills and your creativity. *(If the applicant required support to prepare the essay, indicate who provided support and describe the support provided.)*

1. What are my dreams for the future?
2. How would attending college help me reach the goals I have for myself?
3. How would attending BGSU Firelands through the Clark Inclusive Scholars Program make my life better?
4. What strengths do I have that would make me successful in completing college classes and internships?

### References

The following people are submitting a Reference Letter Form on my behalf.

Reference 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number/Email \_\_\_\_\_

Reference 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number/Email \_\_\_\_\_

## Acknowledgement and Release of Information

### If the applicant is own guardian

By signing below:

1. I meet eligibility requirements for admission to the Clark Inclusive Scholars Program.
2. If admitted to the program, I will have my own cell phone and transportation to and from campus.
3. I certify that all information provided in this application is true and accurate to the best of my knowledge.
4. I consent for CISP selection committee members to access to my high school records and to speak with and/or obtain relevant records from family members, school, and agency personnel as a part of the application review process.

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

\_\_\_\_\_  
Date

### If the applicant is not own guardian

As the guardian of the applicant, my signature indicates:

1. The applicant meets eligibility requirements for admission to the Clark Inclusive Scholars Program.
2. If admitted to the program, the applicant will have a personal cell phone and transportation to and from campus.
3. I certify that all information provided in this application is true and accurate to the best of my knowledge.
4. I consent for CISP selection committee members to access the applicant's high school records and to speak with and/or obtain relevant records from family members, school, and agency personnel as a part of the application review process.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date