

Keep Achieving (Kach) at Brookdale Community College
A Unique Supports Program Opportunity



Student Application

2017 – 2018



Keep Achieving (Kach) at Brookdale Community College

Student Application

_____ *Date*

Applicant's Name		Date of Birth
		/ /
Address	City	Zip
Mother's Name		Father's Name
Home Phone Number		Applicant's E-mail Address
()		
Daytime Phone Number		Mother's E-mail Address
()		
Applicant's Cell Phone Number		Father's E-mail Address
()		
Mother's Cell Phone Number		Father's Cell Phone Number
()		()
High School	Year of Graduation	Child Study Team Case Manager
DDD Case Manager		DVRS Case Manager

Achieve with us.



Keep Achieving (Kach) at Brookdale Community College

Student Application – Page 2

Applicant Name: _____

Support Coordination Agency	Support Coordinator
Primary Diagnosis	Secondary Diagnosis

Do you have Medicaid?

Yes

No

Is your Individual Service Plan (ISP) in place?

Yes

No

Are you a self-guardian?

Yes

No

If you are not a self-guardian, please include a copy of the guardianship papers.

How did you learn about Kach? _____



Keep Achieving (Kach) at Brookdale Community College

Student Application – Page 3

Applicant Name: _____

Work History

Please list your two most recent experiences.

Name of Organization	Job Title	Dates (From - To)	Paid or Volunteer

What were your responsibilities in the above job or volunteer position?

Name of Organization	Job Title	Dates (From - To)	Paid or Volunteer

What were your responsibilities in the above job or volunteer position?

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Keep Achieving (Kach) at Brookdale Community College

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Applicant Name: _____

What is it about Kach that interests you?

What do you hope to gain from a college experience?

What are your concerns about entering a college experience?

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Keep Achieving (Kach) at Brookdale Community College

Student Application – Page 5

Applicant Name: _____

What are your goals for the future? _____

How will being a student in Kach at Brookdale Community College help you reach these goals?

Can you follow rules and behave respectfully towards others? Yes No

If needed, can you administer your own medication? Yes No

Are you capable of attending to your personal hygiene? Yes No

Do you have transportation to Brookdale's Lincroft campus? Yes No

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Keep Achieving (Kach) at Brookdale Community College

Student Application – Page 6

Applicant Name: _____

Parent's Page (Optional)

What do you see as the applicant's greatest strengths that will lead to success in Kach?

In what areas do you think the applicant will need the most support to succeed in Kach?

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Keep Achieving (Kach) at Brookdale Community College

Student Application – Page 6

Applicant Name: _____

The goals of Keep Achieving (Kach) at Brookdale are to assist individuals with intellectual and developmental disabilities to become more self-actualized, become life-long learners, develop marketable employment skills and increase social awareness, thus resulting in the individual's ability to live more independently.

If I am accepted into the Kach program, I agree to follow the rules of The Arc of Monmouth and Brookdale Community College. I understand that transportation to the Lincroft campus is my responsibility.

Applicant's Signature

Absenteeism Policy: The participant/legal guardian is responsible for payment of \$127 per day for more than one absence per semester.

I understand and agree to the Absenteeism policy.

Signature of person completing this form

Date

Relationship to the individual

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