

## Keep Achieving (Kach) at Brookdale Community College

*A Unique College Experience*



### Student Application

2025-2026

**\*Students are responsible for hand-writing their application on their own\***

**\*Please Advise:** We are no longer able to bill Goods & Services from the students' budgets. This means that there is an out-of-pocket fee of \$600.00/semester to pay for Brookdale campus & student fees. Additionally, 2<sup>nd</sup> & 3<sup>rd</sup> year students are responsible for paying for their Brookdale Audited class out of pocket. Thank you for your interest in applying to the KACH program!



**Keep Achieving (Kach) at Brookdale Community College**

Student Application

Date \_\_\_\_\_

**Applicant's Information**

Applicant's Name		Date of Birth	
		/ /	
Address	City	Zip	
Cell Phone	Email		
High School	Graduation Year		
Child Study Team Case Manager			
Are you a self-guardian?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

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

**Family Contact Information**

Name Parent/Guardian	Cell Phone	
	E-Mail:	
Name Parent/Guardian	Cell Phone:	
	E-Mail:	

**Disability Services Information**

Are you currently enrolled in the DDD Supports Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Support Coordination Agency:	Support Coordinator Name:
Support Coordinator Email:	Support Coordinator Phone #:
DDD ID #:	Tier Assignment: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
<b>Disability Information</b> - Primary Diagnosis:	Secondary Diagnosis:
If applicable, can you administer your own medication? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Applicant Name \_\_\_\_\_

**Work/Volunteer Experience**

Please list your two most recent experiences and include a copy of your resume attached to this application.

Name of Company/Organization	Job Title/Position	Dates (From – To)	
1.			<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
2.			<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer

Please describe your responsibilities, and what you did in **both** of the above jobs or volunteer positions?

Position 1:

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Position 2:

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Applicant Name \_\_\_\_\_

How did you learn about Kach?

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Why are you interested in Kach?

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What do you hope to gain from a college experience?

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What are your concerns about entering a college experience?

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Applicant Name \_\_\_\_\_

What are your goals for the future?

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

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Describe a time when you had a positive impact on others. What were the challenges? What were the rewards?

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Applicant Name \_\_\_\_\_

**Parent or Guardian: Please Complete**

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

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

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Applicant Name \_\_\_\_\_

Your application is being submitted in consideration for the September 2025 Kach class. Kach is a college-experience designed to assist individuals with intellectual and developmental disabilities (I/DD) to become more self-actualized life-long learners, to develop marketable employment skills, and to 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 policies and procedures of The Arc of Monmouth and Brookdale Community College:

- Transportation to and from Brookdale's Lincroft Campus is my responsibility
- Ability to make a three-year commitment to the Kach program
- Be responsible for my actions and behaviors
- All Kach students are expected to treat others with respect and kindness
- This is a college experience and full attendance is expected:  
Please Note: Some exceptions may apply: illness, bereavement, etc.

Name of Applicant (Please Print) \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Application Deadline: Friday May 16<sup>th</sup>, 2025**

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