

Keep Achieving (Kach) at Brookdale Community College *A Unique College Experience*





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	DVRS Counselor		
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

DDD ID #:	Tier Assignment: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
Support Coordination Agency:	Support Coordinator Name:
Support Coordinator Email:	Support Coordinator Phone #:
Are you currently enrolled in the DDD Supports Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Disability Information 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:

Position 2:

Applicant Name _____

How did you learn about Kach?

Why are you interested in Kach?

What do you hope to gain from a college experience?

What are your concerns about entering a college experience?

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?

Applicant Name _____

Parent or Guardian: Please Complete

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

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

Applicant Name _____

Your application is being submitted in consideration for the September 2022 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 20th, 2022

*Please note, due to the expected volume of applications, not all applicants will be invited to an interview. Interviews will be scheduled for June 2022.