

University Participant Program

Student Application Packet

APPLICATIONS WILL ONLY BE ACCEPTED BY MAIL

Due Date for Fall is December 1st

**Application Checklist (Complete Packet by December 1st )**

Please include the following **required items**:

\_\_\_ A completed Application (separate file, also please see below for additional instructions)

\_\_\_ Signed copy of the UP Program Statement of Agreement

\_\_\_ A resume including: a statement or objective about why you are interested in participating in the UP program at WCU, educational background, work experiences, accomplishments, high school or community service activities, current interests, and references (see resume template).

\_\_\_ Psychological Assessment **(most current and within last 3 years preferred) AND** IEP

\_\_\_ Video of the applicant that demonstrates successful interactions or a statement of desire to go to college. This may be sent in with the completed application or UP Program personnel can assist you in making this at the campus Open House. Please contact UP Program Director at 828-227-3298 for questions about the video or upcoming Open House)

\_\_\_ Personal Support Inventory to be completed by family, guardian or support person

\_\_\_ Completed Office of Accessibility Resources In-take Form to Request Accommodations

\_\_\_ 3 letters of recommendation from teachers, administrators, or community members (not family members).

\_\_\_ $65 non-refundable application fee (checks to WCU).

**Optional items** that can be included for review by the University Participant Admissions Steering Committee and are ***strongly encouraged*** such as:

\_\_\_ Completed products or portfolios

\_\_\_ Other Honors and/or other commendations

**Instructions for UP Applicants on WCU Admissions Application**

**On page A-1**

* **UP students should NOT apply online-** hard copies of applications will only be accepted by mail (despite the directions listed on application)
* The $65 non-refundable application fee (check made out to WCU) needs to be included with the application materials sent in the mail to the UP Program Office.

**Contact Information, Emergency Contact, and Applicant Information sections**

* Complete all of these parts of the application as requested

**Page A-2:**

**High School Information**

* Complete as requested, but write “N/A” for #17 where it asks for the date of SAT or ACT if not taken

**College Information**

* You can skip this section and move to the next if you have not had previous college experiences. If you have, feel free to list all relevant information here.

**Entrance Information**

* #19: Entering term and year would be 2021-80
* #20: Entrance status will need to be written in here as “NON-DEGREE- WCU UP PROGRAM”- do not check any of the existing boxes
* #21: Attendance will be considered “full time” if living on campus
* #22: Feel free to refer to A-4 and complete this section based on specific interests, career goals
* #23: Complete as requested

**Military Information**

* You can skip this section if not applicable- move to next section

**Page A-3:**

**Required Questions**

* Complete as requested and be sure to answer all questions
* If you happened to help the applicant with the application, please be sure they have signed the application on the bottom of page A-3 ***(the application is considered incomplete without the applicant’s signature)***

**Be sure to complete the additional information below and include with this application:** (All requested materials need to be included with the application before the University Participant Admissions Steering Committee can consider you for the UP program. ***Incomplete or online applications not mailed directly to the address below will NOT be reviewed).***

**Please mail all materials to: WCU University Participant Program**

 **I University Drive, Killian 120**

 **Cullowhee, NC 28723**

**UP Program Statement of Agreement**

**I have read and understand the policies and guidelines for the UP Program and understand that I will not be eligible for an undergraduate or graduate degree from the university. I understand I will not be eligible to earn college credit if I am admitted to the UP program. I will be permitted to audit individual courses as part of my participation and college experience in the UP Program. I understand that I will be responsible for paying fees for these courses and residential living/meal plan expenses (approximately $20,500+ per year). Upon successful completion of the UP program (2 years) and its requirements, I will be eligible to receive a UP Certificate of Accomplishment from the Division of Educational Outreach. I will follow the Student Code of Conduct and abide by the campus rules to the greatest extent possible.**

Applicant Signature (required) Date

Parent/Guardian Signature (required) Date

Parent/Guardian Signature (required) Date

**Financial Resource Plan**

Please list resources to pay for the fees listed below:

Tuition and Fees—

Room & Board—

Meal Plan—

UP Support/Program support fees each semester —

Other expenses, *optional* (i.e., spending allowance)—

**Circle YES or NO**: I have my own savings or debit/checking account in my name.

**Circle YES or NO**: My family and I have met with a Benefits Counselor before.

**Applicant CURRENTLY receives support or services from the following**: (please check the ones that apply and list amounts received by the checked services)

* Division of Developmental Disabilities
* Division of Vocational Rehabilitation
* Medicaid Waiver (i.e., Innovations)
* State funded community hours through a service provider (Turning Point Services, etc)
* Social Security Disability Insurance (SSDI)
* Special Education Services (IDEA funding)
* Supplemental Security Income (SSI)

*If Medicaid Waiver or State Funded hours are checked above, please indicate the current hours per week listed in your Individualized Service Plan (ISP) in white space below.*

 **Street Number and Name**

 **City, State, and Zip Code**

 **Phone Number**

**Your Name**

|  |  |
| --- | --- |
| **Objective** | How can the UP Program help you accomplish your employment and independent living goals? |
| **Educational Background** | **Name of High School(s)**Street Number and NameCity, State and Zip CodeDates attended: From Date – Present**Name of Middle School(s)**Street Number and NameCity, State and Zip CodeDates attended: From Date – Present**Name of Elementary School(s)**Street Number and NameCity, State and Zip CodeDates attended: From Date – Present |
| **Work Experiences** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer | Job Title | Start date | End date | Pay | Hrs. per Week | Job duties |
|  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |

 |
| **Volunteer/ Internship Experiences** |

|  |  |  |  |
| --- | --- | --- | --- |
| Organization | How often? | Hrs. per Week | Tasks/ duties |
|  |  |  |  |   |
|  |  |  |  |

 |
| **Accomplishments** | List one or more things that you have done or a special skill you may have. |
| **Activities** | List high school extracurricular activities in which you have participated such as scouting, sports teams, church groups, etc. |
| **Interests** | List hobbies, special interests, travel, etc. that you enjoy most |
| **References** | Three names, addresses, phone numbers, and email addresses of teachers, administrators, community members that know you well (family members are not eligible to list as references) |

**Western Carolina University**

**University Participant (UP) Program**

**Circle one: Yes No**

**I am my own legal guardian. If yes, stop here. If no, continue.**

**Proof and Acknowledgement of Guardianship**

**COMPLETE THIS FORM ONLY IF LEGAL GUARDIANSHIP HAS BEEN FILED (NOTE: A COPY OF LEGAL GUARDIANSHIP PAPERWORK IS ALSO NEEDED)**

This is to acknowledge that even though my child is over the age of eighteen (18), and I am his/her legal guardian.

I have attached a copy of the court-ordered guardianship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

As the applying student, I acknowledge that legal guardianship resides with my parents and that all documents and information from Western Carolina University will be shared with them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

Western Carolina University’s

University Participant (UP) Program

Release and Exchange of Information Form

Western Carolina University treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with additional support service offices as confidential. However, it may be necessary for our staff to exchange some information about you with members of the community and Western Carolina University personnel in order to provide opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and progress will be communicated.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to exchange information about me to the following offices/individuals checked

below:

\_\_\_\_\_School District(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_School Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list schools)

\_\_\_\_\_Department of Vocational Rehabilitation Office

\_\_\_\_\_Employers

\_\_\_\_\_Admissions Office

\_\_\_\_\_Course Instructors

\_\_\_\_\_Financial Aid Office

\_\_\_\_\_University Legal/Code of Community Ethics

\_\_\_\_\_Parents/Guardians

\_\_\_\_\_Registrar’s Office

\_\_\_\_\_Tutor(s)

\_\_\_\_\_Community Service Agencies

\_\_\_\_\_Local Management Entities

\_\_\_\_\_Social Security Administration

\_\_\_\_\_Housing and Transportation Authorities

\_\_\_\_\_Counseling and/or Speech Services at WCU

\_\_\_\_\_Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I agree, as part of the application process, to waive my right to access the student recommendation forms.

Additionally, I hereby give permission for the University Participant Program at Western Carolina University the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistive Technology**

Has applicant utilized any assistive technology? \_\_\_\_\_\_\_\_\_

Assistive technology is defined as any item, piece of equipment, or product, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of an individual with a disability.

If yes, list devices here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT QUESTIONNAIRE for Video Interview**

This section is to be filled out by the student applicant and may include additional pages (in order to help you prepare for the upcoming video recorded at Open House). This is an excellent opportunity to demonstrate writing skills, critical thinking skills, and creativity!

* What are some things you like doing in your own time (hobbies)?
* Besides work and classes, what are some activities you would like to do at WCU?
* Do you believe you will succeed in college? If so, why do you think you will do well?
* Do you want to get a job after you leave college? If so, what job would you like to have?
* Do you want to live with your family after you leave college? If not, where would you like to live and what type of home would you like to live in (trailer, house, apartment, group home, etc.)?

**PERSONAL SUPPORT INVENTORY**

To be filled out by:

***Parent/Family/Guardian/Support person***

**Instructions:** Please use the following scale to represent level of functioning in each section. **Be honest and accurate based on the skill level at this time as if you or caregiver were not nearby to support them.**

* (3) Student is independent
* (2) Student requires some/moderate support
* (1) Student requires complete support

**Where necessary, write notes to explain scaled responses**

**EATING AND FOOD PREPARATION**

|  |  |
| --- | --- |
| **Preparing meals and snacks:**Gathers ingredients and equipmentOpens containersFollows recipeUses microwaveUses stove topUses oven | Current Level of Functioning3 2 1 |
| **Eating meal /snack**Oral motor skills i.e., chewing/swallowingUses utensilsUses manners | Current Level of Functioning3 2 1 |
| **Preparing eating area**Sets tableGets condiments | Current Level of Functioning 3 2 1 |
| **Cleaning up after meal**Puts away leftovers* Understands food safety and expiration dates

Wipes off work surfaceWashes dishes * Hand washing
* Using Dishwasher
 | Current Level of Functioning3 2 1 |
| **Accessibility to kitchen**Uses adaptive equipment | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**GROOMING AND DRESSING**

|  |  |
| --- | --- |
| **Grooming:**Brushes teethUses mouthwashBrushes/combs hairStyles hairSkin careUses make-upCleans eyeglasses if applicableCleans hearing aid ear molds if applicableMaintains appearance | Current Level of Functioning3 2 1 |
| **Dressing/Undressing**Dresses and Undresses selfChooses appropriate clothesDresses appropriately for season/weather conditions | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**HYGIENE AND TOILETING**

|  |  |
| --- | --- |
| **Using private & public toilets**toileting needswashes handsBath / showeringShampooing / rinsing hairManaging menstrual care if applicable**Shaving**MenWomenUsing deodorant | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**SEXUALITY, HEALTH, SAFETY**

|  |  |
| --- | --- |
| **Awareness of sexuality issues**Awareness of public vs. private activitiesCloses door for bathing, toileting, dressingAppropriate show of affectionAppropriate control of sexual needsAwareness of bodily and sexual functionsAwareness of social media risksKnowledge and use of birth controlKnowledge of sexually transmitted disease | Current Level of Functioning3 2 1 |
| **Knowledge of general health concerns**Disease transmission (i.e., covers mouth when sneezing/coughing, controls drooling, blows nose, etc.)Health concerns specific to disability (i.e., skin care, range of motion, positioning of weight)Manages medication **independently** (i.e., knows medication schedule WITHOUT reminders, ability to swallow, related behavioral concerns)Cares for minor injury and/or illness | Current Level of Functioning3 2 1 |
| **Awareness of home hazards and emergency procedures**Uses adaptive strategiesPoisonsFireAccidents | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**HOUSEHOLD MAINTENANCE**

|  |  |
| --- | --- |
| **Keeping room neat (without reminders)**Makes bedChanges bed linensStraightens room | Current Level of Functioning3 2 1 |
| **Handling of household chores (without reminders)**Does laundryVacuums / dustsCleans bathroomSweeps | Current Level of Functioning3 2 1 |
| **Maintaining outdoors (without reminders)**Rakes leavesMows lawnWeedsWaters lawn and plantsCleans up after animals | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**TRAVEL**

|  |  |
| --- | --- |
| **Walking (Wheeling) to and from destination**Safety when crossing streetsArrives at destinationKnows how to ride a bike | Current Level of Functioning3 2 1 |
| **Transportation Coordination**Demonstrates appropriate behavior during commutes and organizing ridesCommunicates with bus driver/driverCan find appropriate bus or ridesCan read bus mapCan make a transferKnows how to payShows bus pass  | Current Level of Functioning3 2 1 |
| **Driving Own Vehicle**Knows and follows traffic laws* Can understand vehicle warning lights

Uses seat belts or adaptive equipmentKnows what to do in an emergencyDemonstrates safe & defensive technique | Current Level of Functioning3 2 1 |
| **Orienting Skills**Identifies signsCarries identification without remindersAsks for helpResponsible for possessionsUses cautions with strangersReads maps or uses GPS | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**GENERAL SHOPPING**

|  |  |
| --- | --- |
| **Handling Money/Budgeting**Makes shopping listsKnows budget constraints (need vs. want)Handles money exchanges | Current Level of Functioning3 2 1 |
| **Locating/Getting Items**Pushes cartUses store directory/aisle signsAsks for helpFollows listMakes appropriate choicesDoes cost comparisons | Current Level of Functioning3 2 1 |
| **Clothes/Personal Items**Selects appropriate storeAsks for helpSelects items within budgetKnows sizesMakes wise choicesHandles money exchange | Current Level of Functioning3 2 1 |
| **Restaurant**"Reads" Menu (or alternative)Communicates to WaitpersonUses MannersLocates RestroomsTallies bill (including tip, with/without app)Handles money exchanges | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**USING SERVICES**

|  |  |
| --- | --- |
| **Using Services**Uses beauty parlorMakes own appointmentsUses banking servicesCommunicates with dentist, doctor, etc.Uses Laundry/drycleaner | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**PLANNING/SCHEDULING**

|  |  |
| --- | --- |
| **Following daily routines**Shows up on timeGets to where they are supposed to beAdapts to changes in routineAble to tell time | Current Level of Functioning3 2 1 |
| **Scheduling weekly activities**Uses a time management system (e.g., calendar/day planner- paper or electronic)Maps out plans and time (i.e., organizes time) | Current Level of Functioning3 2 1 |
| **Preparing for special outings**Arranges special things to doHandles logistics involved in planning an event | Current Level of Functioning3 2 1 |
| **Handling Time Management**Plans homework timeArranges study areaAttends to homework free from distractionsPlans time for chores, meetings, leisureArranges transportation* Governs time spent on social media (e.g., Facebook, Instagram, Snapchat)
 | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |

**SOCIAL SKILLS**

|  |  |
| --- | --- |
| **Telephone Use**Phone etiquetteTakes messageDials phone numbers/saves in contactsCan use phone for emergencyCan use assistive devices if necessaryCan use phone directory/look up numbers | Current Level of Functioning3 2 1 |
| **Caring for Others**Pet careSibling careBabysittingElderly | Current Level of Functioning3 2 1 |
| **Reciprocal Relationships**Gift givingRemembers birthdaysSends thank you card | Current Level of Functioning3 2 1 |
| **Behavior Management Social Skills**Introduces selfFollows instructionsAccepts criticism or consequenceAccepts no for an answerGreets peopleGets people’s attention appropriatelyMakes requests appropriatelyDisagrees appropriatelyGives negative feedback appropriatelyResists peer pressureApologizesEngages in conversationGives complimentsVolunteersReports or speaks up about peer behavior appropriately | Current Level of Functioning3 2 1 |
| **Skills We Should All Focus on Most:** |  |



**The Office of Accessibility Resources (OAR)**

135 Killian Annex, Cullowhee, NC 28723

Phone: (828) 227-3886 | Fax: (828) 227-7320 | accessibility@wcu.edu

|

**Registration Form**

|  |  |
| --- | --- |
| Student Name: |  |
| Date of Birth: |  |
| 920 #: |  |
| Local Address: |  |
| City, State, Zip: |  |
| Phone Number(s): |  |
| WCU Email: |  |
| Enrolled at WCU: |  Year: [ ]  Fall [ ]  Spring [ ]  Summer  |
| WCU Classification: | [ ] Applicant/Incoming [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior [ ]  Graduate |

1. Where did you attend high school? Please provide name of school and location.
2. In high school, did you have any of the following? (Check all that apply.) If you had such plans, please submit the most recent copy with your documentation and this completed form.

[ ]  504 Plan

[ ]  Individualized Education Program (IEP)

[ ]  Other relevant intervention services/support plans

1. Have you ever attended another college or university? If yes, please list institution name and location.
2. Did you receive accommodations from your previous institution(s)? If yes, please submit your letter from the previous institution(s) describing the accommodations you received.

[ ]  Yes

[ ]  No

Additional Comments:

1. What is your major at WCU? When do you expect to graduate? UP Program, Certificate of Accomplishment, 2 years
2. What are your strengths? Goals?
3. Are you part of any teams, clubs, associations, or part of a specific group?
4. Check your claimed and/or diagnosed disability. Please choose all that apply.

|  |  |
| --- | --- |
| ☐ Specific Learning Disability  | ☐ Vision Impairment/Blindness |
| ☐ ADD or ADHD  | X Intellectual Disability |
| ☐ Psychological Disorder | ☐ Speech/Language Impairment |
| ☐ Health Impairment/Medical Condition | ☐ Autism Spectrum Disorder |
| ☐ Mobility Limitation | [ ]  Traumatic Brain Injury |
| ☐ Orthopedic Impairment | [ ]  Other |
| ☐ Hearing Impairment/Deafness | [ ]  Other |

1. Would you describe your disability as: [ ]  temporary [x]  permanent
2. Using your own words, please describe how your disability affects your ability to function in an academic setting.
3. If applicable, please list any specialized equipment or assistive technologies that you want to bring with you, or would like for WCU to be aware of?
4. What types of accommodations are you requesting?

I authorize the Office of Accessibility Resources to disclose information about my disability to WCU faculty and staff directly involved in providing academic or support services as needed. I acknowledge that only I have filled out this form. I understand eligibility for accommodations and services is determined through an interactive process after I have submitted this form and the required documentation. I understand accommodations may not be the same as those I received in high school or at another institution, and will not apply retroactively. The accommodation determination process will take up to 5 business days once the OAR has received the required documentation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All documentation and records provided will be maintained in a confidential manner as outlined in the Family Rights and Privacy Act (FERPA) of 1974. Disability information is shared only on a limited basis within the University and then only when there is compelling reason for the individual seeking the information to have knowledge of a specific aspect of this confidential information. Disability-related records are maintained separately from academic files and are excluded from free access under FERPA.

3/27/19

**Requirements for Letters of Recommendation**

Please submit 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations should represent each of the following:

 (1) Education

 (2) Vocational/employment

 (3) Community involvement

 (4) Personal

\*\*\*\***Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator’s signature across the flap. Recommendations returned differently will not be considered.**

**University Participant (UP) Program at Western Carolina University**

**Recommendation Form**

Recommendation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name)

 The above named individual is applying for admission to the University Participant (UP) Program at Western Carolina University. This is a two year fully inclusive program in which UP students are expected to live on campus, audit classes, participate in campus activities, and gain valuable employment experience. During their time with us, each UP student will have individualized goals and educational plans with necessary supports needed to reach these goals. At the end of this time, they will graduate with a certification of accomplishment.

 With the above information in mind, please answer the following questions to the best of your ability and provide necessary examples to support your ratings. Attach additional pages as needed. Please return this form to the applicant **in a sealed envelope and sign across the seal**. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI Title

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apt #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State County Zip

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone #

**Part 1**

2. How long have you known the applicant and in what capacity?

3. How likely is it that the parent/family/guardian of this applicant will support him/her in gaining the skills and resources necessary for independent community living (living and activities outside of the family household)?

\_\_\_\_\_ Very Unlikely

\_\_\_\_\_ Unlikely

\_\_\_\_\_ Likely

\_\_\_\_\_ Very Likely

4. How likely is it that the parent/family/guardian of this applicant will support him/her in gaining the skills and resources necessary for competitive community employment (working with non-disabled peers in community jobs working 20+ hours per week and making at or above minimum wage)?

\_\_\_\_\_ Very Unlikely

\_\_\_\_\_ Unlikely

\_\_\_\_\_ Likely

\_\_\_\_\_ Very Likely

5. From your experiences knowing the applicant, do you have evidence to believe he/she is aware of his/her disability?

\_\_\_\_\_ Very Unlikely

\_\_\_\_\_ Unlikely

\_\_\_\_\_ Likely

\_\_\_\_\_ Very Likely

**Part 2**

Use the space below to briefly provide anecdotes or examples of the applicant’s skills and strengths. In the event that the context of your relationship to the applicant did not provide opportunities to observe these specific skills/strengths, you are welcome to explain the absence of the skills or provide counterexamples when appropriate.

6. Please give an example of a time when the applicant displayed flexibility (an ability to adjust to novel situations/openness to new experiences).

7. Please give an example of a time when the applicant displayed problem solving (good judgment/decision making skills).

8. Please give an example of a time when the applicant has built or maintained rapport or social relationships with other same age peers.

9. Please give an example of a time when the applicant’s family advocated for his/her independence/inclusion/development.

10. Please give an example of a time when the applicant showed motivation/initiative/self-determination.

**By signing below, I attest that I completed this recommendation without influence from others and have portrayed an accurate representation of the UP applicant and their parent/family/guardians.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for providing your expertise and useful information about this applicant. Please print or fold this recommendation and place in a signed and sealed envelope.**

**Requirements for Letters of Recommendation**

Please submit 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations should represent each of the following:

 (1) Education

 (2) Vocational/employment

 (3) Community involvement

 (4) Personal

\*\*\*\***Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator’s signature across the flap. Recommendations returned differently will not be considered.**

**University Participant (UP) Program at Western Carolina University**

**Recommendation Form**

Recommendation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name)

 The above named individual is applying for admission to the University Participant (UP) Program at Western Carolina University. This is a two year fully inclusive program in which UP students are expected to live on campus, audit classes, participate in campus activities, and gain valuable employment experience. During their time with us, each UP student will have individualized goals and educational plans with necessary supports needed to reach these goals. At the end of this time, they will graduate with a certification of accomplishment.

 With the above information in mind, please answer the following questions to the best of your ability and provide necessary examples to support your ratings. Attach additional pages as needed. Please return this form to the applicant **in a sealed envelope and sign across the seal**. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI Title

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City State County Zip

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone #

**Part 1**

2. How long have you known the applicant and in what capacity?

3. How likely is it that the parent/family/guardian of this applicant will support him/her in gaining the skills and resources necessary for independent community living (living and activities outside of the family household)?

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 Last First MI Title

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Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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