

Syracuse University – 2017-2018 InclusiveU Application

Please complete the following application to the best of your ability on the computer or by hand. Contact our Director Bud Buckhout with any questions about your application. Please email applications to the address listed at the end of the application, if possible. We look forward to receiving your application!

Part 1: Personal and Contact Information

Name: _____ DOB: _____

Address: _____

Phone: _____ Preferred Method? Yes No

Email: _____ Preferred Method? Yes No

Legal Guardian: Self Other (If other, their name): _____

Address: _____ Phone: _____

_____ Email: _____

Part 2: Citizenship & Demographics

I am a U.S. citizen Permanent resident Non-U.S. citizen/non U.S. permanent resident

If non-U.S. citizen, indicate country of citizenship: _____

Birthplace (including city/town, state/province, and country): _____

OPTIONAL: The following items are optional. No information you provide will be used in a discriminatory manner.

1. U.S. Armed Forces status: Currently serving Previously served Current dependent
 None

2. Are you Hispanic/Latino?: Yes, Hispanic or Latino (including Spain) No

If yes, describe your background _____

3. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more and describe your background.)

- American Indian or Alaska Native (including all Original Peoples of the Americas)
Are you Enrolled? Yes No If yes, please enter Tribal Enrollment Number _____
- Asian (including Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean)
- Native Hawaiian or Other Pacific Islander (Original Peoples)
- White (including Middle Eastern)

Part 3: Background and Skills

Are you Medicaid Waiver Eligible? No Yes

Are you on a self-direction plan? No Yes Are you on a traditional plan? No Yes

Service Coordinator Name: _____

Agency: _____

Address: _____

Phone: _____

Broker Name: _____ Broker Agency: _____

Address _____ Phone: _____

FI Name: _____ FI Agency: _____

Address: _____ Phone: _____

Educational History:

Please include a copy of your most recent school evaluation with your application.

School	Dates Attended	Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Regents Diploma: ___ No ___ Yes Date: _____

IEP Diploma: ___ No ___ Yes Date: _____

GED Diploma: ___ No ___ Yes Date: _____

College Experience: ___ Yes ___ No *If yes, please complete the following:*

College	Dates Attended	Course of Studies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever gotten in trouble at a school for cheating, bad behavior, or any other reason that has resulted in suspension, or expulsion? ___ Yes ___ No

Have you ever been found guilty for a crime? ___ Yes ___ No

If “yes” for these 2 questions, please submit a brief explanation and a note about what you learned from the experience on a separate sheet.

Please list any current Work/Day Activities/Services and Other Activities:

Activity	Time Frame (Hrs. /Day of week)	Provider
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Hobbies and Favorite Activities:

Needs and Style:

Do you need help communicating or with the sensory environment?

Do you use an assistive communication device? ___ No ___ Yes

Do you use a wheelchair or have other mobility needs? ___ No ___ Yes ___ Power ___ Manual

Are there any other assistive tools that you use regularly?

Help us get to know your style and needs so we can get to know you better. Please rate yourself in the following areas – with 1 being totally on your own and 5 being total support from a helper. It’s OK to give yourself any rating!

Reading Ability: 1 2 3 4 5

Comments: _____

Writing Ability: 1 2 3 4 5

Comments: _____

Typing Ability: 1 2 3 4 5

Comments: _____

Problem-Solving Ability: 1 2 3 4 5

Comments: _____

Note-Taking Ability: 1 2 3 4 5

Comments: _____

Study/Homework Skills: 1 2 3 4 5

Comments: _____

Ability to Follow a Schedule: 1 2 3 4 5

Comments: _____

Ability to Dine/Purchase Meals: 1 2 3 4 5

Comments: _____

Ability to Navigate Around the Campus: 1 2 3 4 5

Comments: _____

Ability to Use Public Transportation: 1 2 3 4 5

Comments: _____

Part 4: College and Career Priorities

Social Goals: What do you currently do or desire to do that you are not a part of now?

What activities will you need/want to make this experience the best it can be?

(Check all that apply)

- Attending classes
- Taking notes
- Understanding lectures
- Reading assignments
- Communicating with professor or classmates
- Writing/typing assignments
- Working on computer
- Travel to and from college
- Travel around campus
- Dining
- Making Friends
- Getting involved in campus clubs and events
- Other, please list:

Personal Statement Section

Please answer the following questions about your goals for now and into the future. You may use the space provided or combine the questions in essay format. Please attach any other materials.

Why do you wish to attend SU and take college classes?

What are your college and future goals?

This is a four-year college program. How can InclusiveU at Syracuse University help you achieve these goals?

Is there anything else that we should know that could make your experience here the most successful one? (Use other sheets as necessary)

Housing: There are a limited number of spots available for on-campus housing in an SU dormitory. If you are interested in receiving information about living on campus, please check here: ___ Yes

Please send in 2 reference letters with your application. Teachers, mentors, coaches, guidance counselors, etc. make for great choices, but it is your choice! You may send letters in with your application or have references send directly to us. Please list their names and how you know them:

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Please include the following with your application:

- *2 Reference letters (or note that they are sending directly to us)*
- *Most recent school evaluation*

You can send electronic submissions via email or fax, or mail/drop off hard copies to Bud at the address below. Thank you!

Completed by: _____ Date: _____

Applicant's Signature: _____ Date: _____

Contact information:

Bud Buckhout, Director
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<http://inclusiveu.syr.edu/su/>
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