## Career and Community Studies Program

## Wait List Applicants

## ****PLEASE NOTE: This application is ONLY for individuals from the 2019-2020 admissions application process, who accepted Wait List Status.****

As a wait list applicant from the 2019-2020 admission process, you are able to reapply for the 2020-2021 application (class of 2025) processusing a modified application process as noted below.

All elements must be received by **Monday, November 23, 2020** for consideration as outlined below. Please note decisions will not be granted until the full application process is complete and all applicants are reviewed.

## Admission Criteria

## Must…

* Have returned the Wait List acceptance form for the 2019-2020 admission process.
* Be between the ages of 18-25

*Student must turn 18 by December of their freshman year in the CCS Program*

*Student must be 25 or under on the date of application for the CCS Program.*

* Display student conduct that demonstrates independence, motivation and stability
* Express interest in participating in a collegiate based living experience
* Demonstrate a continued desire to advance one’s education and have the ability to benefit from a college based program.

## Admission Process

* Complete submission requirements and mail to CCS program no later than November 23, 2020  (forms noted below).
* **Please note: no application fee is required for wait list applicants.**
* Students of interest will be contacted for a mandatory student interview/virtual campus participation experience (half day visit to CCS/TCNJ classes.) TBD
* Parents will be requested to attend a brief meeting with CCS staff (virtual)

**Application Deadline: November 23, 2020**

## Submission Process

1. Please complete and submit the attached Waitlist application.
2. Please submit a current resume.
3. Please submit ONE current references utilizing the TCNJ CCS Student Recommendation form. **Please note this CANNOT be the same references provided for the initial application process.**
4. Please answer and submit a response to the following short essay questions\*.

Both essay questions must be answered. Essays must be typed, double spaced, utilizing Arial Font/Size 12:

Question #1: Describe in detail what you have been doing since your last visit to CCS/TCNJ. Please include details about the following experiences: work/volunteer, academic, social/recreational, independent living.

Question #2: Please describe in detail why you would still like to be considered as a student of the CCS program at The College of New Jersey. Please include details about what the program can offer to you and what you can offer to the program.

\*This essay should be constructed and written by the applicant but it is permissible by the CCS program to have outside support in review/editing.

## Decision Process

Step 1:

* All applicants who are granted a virtual student interview/campus participation experience and parent meeting will be contacted via email.
* Applicants who are not granted a virtual interview/participation experience will be notified via email.

**Please make sure your emails are current and are checked during this period.**

Step 2: (Between submission date-April)

* Applicants who are accepted will be notified via email/mail by early April
* *(there is an early admission rolling acceptance for those who meet the requirements)*
* Due to the size of the program, signed acceptance letters and deposit will be due within ten business days of notification
* All accepted students must attend an early summer student/family orientation and complete a summer reading assignment
* Applicants who are not accepted will be notified by mail
* 2020 Wait list applicants who are not accepted for the 2021 application process may reapply the following fall using the returning applicant process.

**TCNJ reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veterans.**



**Career & Community Studies Program (CCS)**

**Application- Academic Year 2020-2021**

**2019-2020 WAIT LIST APPLICANT (only)**

**APPLICATIONS WILL BE ACCEPTED**

**ONLY BY MAIL**

**All applications will be reviewed by the CCS Application Committee**

The College of New Jersey

Career and Community Studies Program

School of Education room 304

2000 Pennington Road

Ewing, NJ 08618-1100

(609) 771-3342

**STUDENT INFORMATION (Print clearly)**

|  |  |
| --- | --- |
| **Student: Last Name First Name Middle initial**  | **Home Phone** |
| **Address** | **Social Security Number** |
| **City State Zip Code** | **Birth Date** |
| **Email address(es)**  | **Cell Phone(s)** |
| **Applicant’s Country of Citizenship** | **Age** |
| **Citizenship status (only if country of citizenship is USA).****Please select from the options in the next box, and circle one:** | **(circle one)****Alien Permanent Resident,****Alien Temporary Resident,****Native,****Naturalized,****Non-Reported** |
| **The ethnicity question on this Application has been updated to meet the Department of Education reporting requirements. Answers to the ethnicity question are not required for submission. If you choose to answer this question, you may provide whatever answer you feel best applies to you or any groups of which you feel you are a part. You can answer all or none of the questions. If you wish to answer the ethnicity question but feel that the established categories do not fully capture how you identify yourself, you may provide more detail here:** | **Ethnicity:** |

**Student receives support from: (please check those that apply)**

**\_\_\_\_\_ Supplemental Security Income**

**\_\_\_\_\_ Division of Developmental Disabilities (DDD Self Directed Supports)**

**\_\_\_\_\_ Medical Assistance**

**\_\_\_\_\_ Social Security Disability Insurance**

**\_\_\_\_\_ Division of Vocational Rehabilitation**

**\_\_\_\_\_ Special Education Services (IDEA funding)**

**Did you attend a CCS Open House Event: Yes No**

**Where you invited/attended a campus tour with lunch after your 2019-2020 application? Yes No \_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_FAMILY INFORMATION**

**Student lives with:**

**\_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s) \_\_\_\_\_ Other**

|  |  |
| --- | --- |
| **Mother/Guardian: Last Name First Name Middle Initial** | **Home Phone** |
| **Address** | **Occupation/ Employer** |
| **City State Zip Code**  | **Work Phone** |
| **Email Address** | **Cell Phone** |
|  |  |
| **Father/Guardian – Last Name First Name Middle Initial**  | **Home Phone** |
| **Address** | **Occupation/****Employer** |
| **City State Zip Code** | **Work Phone** |
| **Email Address** | **Cell Phone** |

**Please list any immediate family members that are TCNJ Alumni / Current Students:**

|  |  |
| --- | --- |
| **Names** | **Year Graduated** |
|  |  |
|  |  |
|  |  |

**EMERGENCY CONTACT INFORMATION: IN CASE OF AN EMERGENCY, PLEASE CONTACT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(name) (phone)**

**- Or -**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(name) (phone)**

**EDUCATION HISTORY**

|  |  |  |
| --- | --- | --- |
| **Schools Attended (Name, City, State)** | **Years attended** | **Reason for Leaving** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Did you receive a high school diploma or equivalent? No Yes**

 **from (school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please briefly describe your academic strengths and weaknesses.**

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|  |

**In what ways do you learn best? (e.g. small groups, extra time)**

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| --- |
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**In the following areas describe what skills you would like to learn?**

**Academics:**

**Vocational and Career:**

**Independent Living:**

**Social / Recreation:**

**Have you participated in general education classes through your k-12 education? Yes No**

 **If yes, please describe**

**Were any accommodations used? Yes No**

 **If yes, what kind?**

**MEDICAL HISTORY**

**Please give a brief description of your medical history including any disability diagnoses that you may have:**

|  |
| --- |
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**Please list any significant medical or physical conditions that may impact your participation in classroom, social, or recreational activities on campus, including severe allergies:**

|  |
| --- |
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|  |

**Please Note: The TCNJ campus and CCS housing are not peanut free. Students with allergies will need to be able to understand and self-advocate for their allergy needs and be able to make independent choices on campus/in the home as well as be able to administer any/all medication that may be needed.**

**Please list any current medications and indicate the purpose:**

|  |
| --- |
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|  |

**Please Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. TCNJ and CCS do not have the personnel or facility to administer medications. This is not included in any of the program or college services.**

**Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:**

|  |
| --- |
|  |

**Are you independent in self-care such as toileting, and basic hygiene?**

|  |
| --- |
|  |

**Please Note: Applicants will need to arrange for personal assistance services, if necessary, this is not included in any of the program or college services.**

**Please list an allergies and provide information on medication necessary:**

**Please provide any other medical information that you feel would be important regarding your participation in this program, including any current counseling support. Please specify.**

|  |
| --- |
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**Please SPECIFICALLY indicate any changes in medical history since last application:**

|  |
| --- |
|  |
|  |
|  |

**The College of New Jersey**

**Career & Community Studies**

**Release and Exchange of Information Form**

The College of New Jersey 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 the Office of Differing Abilities as confidential. However, it may be necessary for our staff to exchange some information about you with the TCNJ faculty and staff in order to provide you with educational 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 academic progress will be communicated.

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

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

**\_\_\_\_\_\_ School District(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ DVR Office**

**\_\_\_\_\_\_ DDD Office**

**\_\_\_\_\_\_ Admissions Office**

**\_\_\_\_\_\_ Counseling Office**

**\_\_\_\_\_\_ Course Instructors**

**\_\_\_\_\_\_ Financial Aid Office**

**\_\_\_\_\_\_ Parents/Guardians**

**\_\_\_\_\_\_ Registrar’s Office**

**\_\_\_\_\_\_ TCNJ DOS**

**\_\_\_\_\_\_ Tutor**

**\_\_\_\_\_\_ Mentors**

**\_\_\_\_\_\_ Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Additionally, I hereby give permission for the CCS Program at The College of New Jersey the right to:**

**\_\_\_\_\_\_Contact references, educators, doctors/therapists, teachers and other support service individuals noted within my initial application or current wait list application**

**\_\_\_\_\_\_Use my photograph and/or quotes and videotapes of me for public relations**

**and/or training purposes.**

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

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Career and Community Studies Program**

**Student Recommendation Form**

Completed by:

My daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred time of day to contact me: \_\_\_\_\_\_\_\_\_\_\_\_

My email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This recommendation form was completed for:

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

(write in name of student applicant)

**Career & Community Studies**

**Recommendation Form**

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above named individual is applying for admission to the **Career & Community Studies Program at The College of New Jersey.** This program is designed to prepare students with cognitive and intellectual disabilities who desire a transition/postsecondary experience on a college campus and require a strong system of supports. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program.

With the above information in mind, please answer the following questions to the best of your ability and **complete a** **Personal Support Inventory** (attached). 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.

**Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Title MI**

**Address**

**Street Apt#**

**City State County Zip**

**Organization**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name Daytime Phone number and email (required)**

**1) How long have you know the applicant, and in what capacity?**

**2) Please describe why you feel the applicant would benefit from a postsecondary education experience:**

**3) How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the CCS program? Unlikely Quite Likely Highly Likely**

**4) Please describe any strengths and challenges that the applicant may have that will make him/her a strong candidate for this program:**

**PERSONAL SUPPORT INVENTORY**

**To be filled out by: Recommender**

**Please complete the following Personal Support Inventory. Should you not know the applicant in an particular area, please indicate this by “U” for Unknown.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living****Skills** | **1** **(Requires Complete Assistance)** | **2** **(Needs moderate assistance)** | **3** **(Needs some assistance)** | **4** **(Needs minimal assistance)** | **5** **(Completely Independent)** |
| **Negotiating/Finding way around campus****Environment** |  |  |  |  |  |
| **Ordering and****Purchasing from a restaurant/ cafeteria/ store** |  |  |  |  |  |
| **Handling personal affairs: laundry, light****cooking, cleaning, managing personal****belongings** |  |  |  |  |  |
| **Interpersonal Skills:****Ability to Relate to****Others** |  |  |  |  |  |
| **Use of judgment skills in making everyday decisions** |  |  |  |  |  |
| **Use of judgment skills****in an emergency** |  |  |  |  |  |
|  |
| **Social Skills and****Communication** | **1** **(Requires Complete Assistance)** | **2** **(Needs moderate assistance)** | **3** **(Needs some assistance)** | **4** **(Needs minimal assistance)** | **5** **(Completely Independent)** |
| **Communicating****needs in an appropriate manner** |  |  |  |  |  |
| **Engaging in appropriate social interaction** |  |  |  |  |  |
| **Using a cell phone, email, texting** |  |  |  |  |  |
|   |
| **Academic Skills** | **1** **(Requires Complete Assistance)** | **2** **(Needs moderate assistance)** | **3** **(Needs some assistance)** | **4** **(Needs minimal assistance)** | **5** **(Completely Independent)** |
| **Handling money: counting change/bills, understanding values, using checkbook, staying within budget** |  |  |  |  |  |
| **Approximate Grade****Level in****Mathematics: \_\_\_\_\_\_\_\_** |  |  |  |  |  |
| **Reading and writing skills: Approximate Grade Levels:** **Reading** **Writing \_\_\_\_\_\_\_\_Listening comprehension** |  |  |  |  |  |
| **Computer Skills:** **Word processing** |  |  |  |  |  |
| **Computer Skills:**  **Internet** |  |  |  |  |  |
| **Motivation to learn and persist on new tasks** |  |  |  |  |  |
| **Knows and can verbalize and/or write personal****information: name, address, phone, etc.** |  |  |  |  |  |
| **Ability to follow verbal directions** |  |  |  |  |  |
| **Ability to follow written directions** |  |  |  |  |  |
| **Ability to keep a daily schedule with due dates and assignments** |  |  |  |  |  |

**Has applicant utilized any assistive technology? If yes, what?**

**Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.**

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