

Project Connections

APPLICATION

Enclosed is information about the Project Connections application process, along with related forms. Project Connections will only consider applications for students with documented specific learning disabilities.

Follow the steps below carefully:

1. Fill out the Support Service Application. Submit it to Director; Project Connections, Middlesex County College, 2600 Woodbridge Avenue, P.O Box 3050, Edison, NJ 08818-3050.

Students applying to Project Connections and not enrolled at the College must also complete an application to Middlesex County College, available through the Office of Admissions, (732) 906-2510 or online at www.middlesexcc.edu. Students cannot be admitted to Project Connections unless they have been admitted to the College.

2. Fill out the top portion of the School Evaluation Form, part of the “Request for Information” from the Child Study Team or Private Evaluator.
3. Give the Request for Information to your Child Study Team or Private Evaluator. The Child Study Team or Private Evaluator will be asked to submit documentation for your application including:
 - the School Evaluation Form
 - an Educational Evaluation, signed and on letterhead
 - a Psychological Evaluation, signed and on letterhead
 - Summary of Performance or IEP, which clearly indicates the presence of a learning disability and accommodations that are supported by the documentation.
4. After all paperwork is received, a letter will invite you to make an appointment for an interview, which is required of all applicants. Call (732) 906-2507 to arrange for this appointment. A summary of the main points of this session will be given to you at the close of the interview.
5. **Wait for notification** regarding admission to Project Connections. **DO NOT TAKE THE COLLEGE PLACEMENT TEST UNTIL AFTER THE INTERVIEW.** If you are applying for one of the Health Technology majors, please call Elaine Weir-Daidone immediately at (732) 906-2546.

Admission to Project Connections is **competitive** and separate from admission to the College. Students with disabilities not admitted to Project Connections may still receive reasonable accommodations supported by their documentation by contacting the Counselor for Students with Disabilities at (732) 906-2546.



Project Connections

SEMESTER ENROLLING FOR: FALL 20____
SPRING 20____

NOTE: This is a special application, not the College admissions application. If you plan to attend Middlesex County College, you must also file an application with the Middlesex County College Admissions Office.

I. BASIC INFORMATION

NAME _____ SEX _____ DATE OF BIRTH _____

E-MAIL _____

SOCIAL SECURITY NUMBER _____ PHONE (____) _____

ADDRESS _____

Number _____ Street _____

City _____ State _____ ZIP CODE _____

City _____ State _____

HIGH SCHOOL _____ DATE OF GRADUATION _____

ADDRESS OF SCHOOL _____

Number _____ Street _____

City _____ State _____ ZIP CODE _____

City _____ State _____

HIGH SCHOOL PHONE NUMBER (____) _____

Please answer the following questions. Be assured that all data will be held in strictest confidence. Ask parents or other family members for additional information, which you may need to, fill out this form.

II. FAMILY HISTORY

A. List any family members living in your home now.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Project Connections is supported by a grant from the U.S. Department of Education Student Support Services Program.

B. List any family members no longer living in your home (divorce, deceased, and siblings).

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. HEALTH HISTORY – (Please answer as completely and honestly as possible)

	YES/ NO	IF YES, EXPLAIN
A. Neurological problem	_____	_____
B. Autism Spectrum Disorder	_____	_____
C. Orthopedic problem	_____	_____
D. Frequent ear infections	_____	_____
E. Hearing impairment	_____	_____
F. Visual impairment	_____	_____
G. Frequent headaches/ migraines	_____	_____
H. Asthma or wheezing	_____	_____
I. Pneumonia	_____	_____
J. Allergies	_____	_____
K. Lead poisoning	_____	_____
L. Epilepsy	_____	_____
M. Blood disorders	_____	_____
N. Diabetes	_____	_____
O. Surgical procedures	_____	_____
P. Severe accident	_____	_____
Q. Major illness	_____	_____
R. Emotional problems	_____	_____
S. Sleep disorder	_____	_____
T. Eating problems	_____	_____
U. Drug abuse and dependency	_____	_____
V. Alcohol abuse and dependency	_____	_____
W. Attention Deficit - Hyperactivity Disorder	_____	_____

Medications for ADHD: _____
Other medications: _____

IV. EDUCATIONAL HISTORY

A. What language did you learn first? _____

B. Were you ever retained? _____ YES _____ NO If yes, what grade? _____

C. Do you think that you have a short attention span or that you are easily distracted when you work? _____ YES _____ NO

D. Were you ever classified by a child study team? _____ YES _____ NO
If yes, what was the classification? _____

E. Did you ever receive special services in school (i.e., speech therapy, formal reading program, resource room, inclusion class, and self-contained classroom for students with learning disabilities, etc.)?

TYPE OF SERVICE	GRADE(S)	REASONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Have you attended another college or university? _____ YES _____ NO If YES, which college or university?

Why did you leave? _____

G. What accommodations will you be requesting in college? _____

H. List below the academic areas in which you think you will need the most support at college: _____

I. Have you ever used other forms of adaptive technology (i.e., recorded books, reading machine or other text reading software/ equipment)?
If yes, what kind? _____

J. Do you have work experience? _____ YES _____ NO
If yes, what kind of job(s) have you held? _____

K. Have you ever received help from a counselor, psychologist, or psychiatrist outside of school? _____YES _____NO

If yes, please provide the information requested below.

NAME OF PROFESSIONAL _____
TITLE _____
ADDRESS _____
PHONE NUMBER (_____) _____

Are you currently seeing this professional? _____YES _____NO

NAME OF PROFESSIONAL _____
TITLE _____
ADDRESS _____
PHONE NUMBER (_____) _____

Are you currently seeing this professional? _____YES _____NO

V. INFORMATION REQUESTED BY FUNDING SOURCE

Funding for Project Connections is provided by the federal government, which requests that the following information be collected for participation in the program.

A. Please indicate ethnic background(s). Check all that apply.

- | | |
|--------------------------------------|--|
| _____American Indian/ Alaskan Native | _____Asian |
| _____Black or African American | _____Hispanic/ Latino |
| _____White | _____Native Hawaiian or other Pacific Islander |

B. U. S. citizen? _____YES _____NO

C. If you answered "NO" above, are you a permanent resident in the United States? ____YES ____NO

D. Were you raised by one or both parents? ____Both ____Mother Only ____Father Only

E. Did your father graduate from college? _____YES _____NO

F. Did your mother graduate from college? _____YES _____NO

G. Do you plan to apply for financial aid? _____YES _____NO

H. According to your family’s (anticipated) tax return for 2018, which one of the following categories is applicable?

- | FAMILY SIZE | GROSS INCOME |
|--|--------------|
| _____ 1 person family with a gross income of \$18,210 or less | |
| _____ 2 person family with a gross income of \$24,690 or less | |
| _____ 3 person family with a gross income of \$31,170 or less | |
| _____ 4 person family with a gross income of \$37,650 or less | |
| _____ 5 person family with a gross income of \$44,130 or less | |
| _____ 6 person family with a gross income of \$50,610 or less | |
| _____ 7 person family with a gross income of \$57,090 or less | |
| _____ 8 person family with a gross income of \$63,570 or less | |
| _____ more than 8 members, add the following amount for each additional family member: \$6,480 | |
| _____ NONE OF THE ABOVE | |

VI. SPECIFIC DIRECTIONS REGARDING THE PROJECT CONNECTIONS APPLICATION PROCESS

A. To be considered for admission to Project Connections, your application file must include:

1. a completed **SUPPORT SERVICE APPLICATION**
2. **two** copies of the **EDUCATIONAL** and **PSYCHOLOGICAL EVALUATIONS**, completed within the last three years, along with the **SUMMARY OF PERFORMANCE**
3. the **SCHOOL EVALUATION FORM** from the Learning Disabilities Teacher-Consultant (if you are still in high school)

B. YOU ARE RESPONSIBLE FOR CHECKING THAT **ALL** APPLICATION PAPERS HAVE BEEN RECEIVED BY PROJECT CONNECTIONS. All information will be treated as confidential and will not appear on the college transcript.

Name of individual completing form _____ Relationship to student _____

By signing this application, I am formally applying for services from Project Connections. I attest that **all** information contained in this application is accurate and complete.

I am also giving permission to Project Connections to:

1. acquire additional background information from the Child Study Team or other professional, if needed, and
2. list my name as a Project Connections student at Middlesex County College for administrative purposes only, if I am accepted into the program.

DATE

SIGNATURE

DATE

GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18)

MAIL TO: MIDDLESEX COUNTY COLLEGE, ATTN: PROJECT CONNECTIONS,
2600 WOODBRIDGE AVENUE, P.O. BOX 3050, EDISON, NJ 08818-3050.