



## **Inclusive Post-Secondary Education at Georgia College & State University**

### **Our Mission:**

The GC THRIVE program is committed to providing an inclusive, meaningful college experience for students with intellectual or developmental disabilities in order to develop the social, academic, career, and independent living skills that will enable them to live authentic and fulfilling lives.

# Student Application Packet

Georgia College is establishing middle Georgia's only inclusive college program for adults with intellectual and developmental disabilities (IDD), a population who until recently has had limited options for educational, social, and career development after leaving high school.

## Application for Admissions Procedure

This is a program of study for unique learners who are highly motivated young adults who have a developmental or intellectual disability.

In order to be sure that GC THRIVE is the best match for our applicants, we require an application packet be completed for each student. Upon entering, it is expected that students will demonstrate the following minimal requirements:

- Have been served under IDEA
- Third grade or higher reading level preferred
- Ability to use a cell phone
- Ability to function independently for a sustained period of time
- No significant behavioral or emotional problems that would impact school performance
- Ability to be successful in competitive employment situations
- Desire and motivation to complete a postsecondary program
- Have a willingness to complete all assignments with support

Letters of recommendation from teachers are extremely important, too, as these describe current levels of performance across many areas.

Note: **Not all applicants who complete the application will be accepted into the GC THRIVE program.** A decision for the appropriateness of each applicant's participation will be based upon the review of information in the application and recommendations.

Please email [Stephen.wills@gcsu.edu](mailto:Stephen.wills@gcsu.edu) or call (478)445-4481 if you have other questions.

Mail admissions materials to:

**Stephen Wills**  
Georgia College & State University  
Kilpatrick Education Center  
Campus Box 71  
Milledgeville, Georgia GA 31061-0490

Or

Email admissions materials to:

**Stephen.Wills@gcsu.edu**

## Application Process

### STEP 1

\_\_\_\_\_ Complete and submit copy of the Student Application Packet

### STEP 2

\_\_\_\_\_ Submit most Recent IEP

\_\_\_\_\_ Submit most recent Psychological Evaluations

\_\_\_\_\_ Submit Letters of Recommendations (3 total; see checklist and evaluation forms for details)

## Application Selection Process

An Application Screening Committee will review applications and select eligible students for admission who may be asked to interview upon document review. **Note: A limited number of applicants will be admitted each year.**

The decision to offer or deny admission to the program will be made by the Screening Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria. The applicant:

- Must have a significant cognitive and/or developmental disability that interferes with their academic performance.
- Must have sufficient emotional and independent stability to participate in all aspects of the GC THRIVE Program, including coursework and campus environment.
- Must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others.
- Must demonstrate the desire to attend the GC THRIVE Program and adhere to the Georgia College policies regarding attendance, participation in the coursework, and code of conduct.
- Must have the ability to be successful in employment situations.

Please complete all sections of this application. You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Male/Female/Other \_\_\_\_\_ Email address \_\_\_\_\_

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

\_\_\_\_ Supplemental Security Income

\_\_\_\_ Medicaid Waiver

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

\_\_\_\_ Georgia Vocational Rehabilitation Agency

Are you currently on an active Vocational Rehabilitation caseload? Yes \_\_\_\_ No \_\_\_\_

If yes, what is the name of your VR counselor? \_\_\_\_\_

Contact information: \_\_\_\_\_

What services have been provided to date? \_\_\_\_\_

\_\_\_\_\_

## FAMILY INFORMATION

Student lives with:

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

### **Mother/Guardian:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

### **Father/Guardian :**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Siblings:

Name	Age
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_ at \_\_\_\_\_ OR  
(Name) (phone)

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (phone)

## EDUCATION HISTORY

High school(s) and post-secondary educational institutions attended (Name, City , State)	Dates of attendance (From-To)	Reason for leaving

Did you complete high school? (Circle one)    No            Yes

From (school and address)\_\_\_\_\_ Date\_\_\_\_\_

In a few words, please describe your academic strengths and weaknesses.

\_\_\_\_\_

\_\_\_\_\_

In a few words, how do you think you learn best? (e.g. small groups, extra time)

\_\_\_\_\_

\_\_\_\_\_

Have you participated in general education classes in your home school?    Yes    No

If yes, list subjects\_\_\_\_\_

Were any accommodations used?                    Yes                    No

If yes, what kind?\_\_\_\_\_

## EMPLOYMENT HISTORY

Please complete the following.

Note: prior work experience is not a requirement for admission into this program

Name of Business/Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Dates at this Job

Are you currently participating as a volunteer? \_\_\_\_\_ if yes, please list details:

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What work experiences do you have an interest in or enjoy?

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## 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 affect your participation in classroom, social, or recreational activities on campus, including severe allergies:

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Please list any current medications and indicate for what the medications are taken:

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## PERSONAL SUPPORT INVENTORY.

<b>Independent Living Skills</b>	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					
Managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Asks for help, clarification, or questions					
Emotional: copes with Stress					

<b>Social Skills and Communication</b>	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 phone, cell phone, email					



# LETTERS OF RECOMMENDATION FORMS

Please submit 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations can be educational, vocational, or personal in nature.

\*\*\*\*Letters must be submitted using the Recommendation Forms in this packet



## LETTER OF RECOMMENDATION FORM

Your name \_\_\_\_\_  
Last First MI Title

Address \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ City State County Zip

Organization \_\_\_\_\_  
Name Phone #

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

2. Please describe why you feel the applicant would benefit from a postsecondary education experience.

3. Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program? (Use the back of this page or attach additional pages)