ACHIEVE PROGRAM
for students with learning differences

2016/2017 Application
ACHIEVE APPLICATION Instructions

This application is designed to assist the Achieve Program staff in understanding your educational background and goals as well as your individual strengths and challenges.

Please include a copy of your most recent clinical diagnostic report or psycho-educational assessment. The most recent high school IEP is only acceptable if it includes a diagnostic report from a licensed psychologist.

Name: ____________________________

Street Address: ____________________________

City, State, Zip Code: ____________________________

Date of Birth: ____________________________

Home Phone: ____________________________     Cell Phone: ____________________________

E-mail address: ____________________________

Parents’ Names: ____________________________

Parents’ Address: (If different from above) ____________________________

Mother's Cell: ____________________________     Father's Cell: ____________________________

List your strengths: 1) ____________________________

2) ____________________________     3) ____________________________

List your challenges: 1) ____________________________

2) ____________________________     3) ____________________________

Forward this application, your typed essay, and a copy of your most recent clinical diagnostic report or psycho-educational assessment to the following address:

Melissa Zgliczynski
Achieve Program Director
Villa Maria College
240 Pine Ridge Road
Buffalo, NY 14225
Do you have, or have ever had, any physical disabilities?  _________ Yes  _________ No
If yes, please explain:  ____________________________________________________________

Do you receive, or have ever received, services from a psychiatrist or psychologist? _________ Yes  _________ No
If yes, please explain:  ____________________________________________________________

How often do you see your psychiatrist or psychologist?  __________________________________________

Please list his or her name and phone number:  ______________________________________________

Are you currently taking any medications?  _________ Yes  _________ No
Please list any medications you are currently taking:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Date of Prescription</th>
<th>Reason for Medication</th>
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EDUCATIONAL BACKGROUND

High School Name:  ____________________________________________________________
High School Phone Number:  ____________________________________________________
Graduation/ GED Date:  _______________________________________________________
Do you have an IEP or 504 Plan? _________ Yes  _________ No
What accommodations do you currently receive or have received in the past three years?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What is your primary disability?  _____________________________________________
What are your favorite academic subjects?  _____________________________________
What are your least favorite academic subjects? __________________________________________________________

Please share any other information that may be important for the Achieve Program to know. Attach additional sheets if necessary.

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

ESSAY QUESTION

Please type your answer to the following question on a separate sheet. In 500 words or less, explain why you are interested in being part of the Achieve Program at Villa Maria College. Feel free to include your goals for the future as well as past challenges and successes.

By completing this application, I am applying for admission to the Achieve Program at Villa Maria College. I am aware that participation in the program will carry additional fees. I certify that the information provided is complete and accurate to the best of my knowledge.

Signature of Applicant ________________________________________________________ Date ________________

Signature of Parent (if applicant is under 18) __________________________________________ Date ________________

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