

PROJECT PASS Application

YOUR INFORMATION

Please answer all questions completely. Please print or type clearly.

Date _____
Month/Day/Year

Name _____
First Middle Last

SSN _____ - _____ - _____ **M#** _____

Date of Birth ____ / ____ / ____ **Gender** M F **Age** _____

Permanent Home Address _____
Street

_____ *City* _____ *State* _____ *Zip Code*

Home Phone: (_____) _____ - _____ **Cellular Phone:** (_____) _____ - _____

EDUCATION

High School Information - Please provide information on the high school from which you graduated.

Name of High School _____

Graduation Date _____ **GPA** _____

Date Expected to Enter College _____ **Proposed Major** _____

Date of Student's Last Educational Evaluation _____

Most Recent or Highest ACT Scores:

ENG _____ MAT _____ REA _____ SR _____ Composite _____

Did you receive accommodations for the ACT? Yes No

College Information if Transferring

Please list ALL colleges/universities previously or presently attended/attending (most recent first.)

Name(s) of College(s)	Dates of Attendance
1. _____	_____
2. _____	_____

LEARNING DIAGNOSIS INFORMATION

Have you been diagnosed with a learning disability/disorder or ADHD? Yes No

If yes, what was the diagnosis: _____

By whom: _____

Title

First Name

Last Name

Street

City

State

Zip Code

Date of diagnosis: _____

Were you in a learning disabilities program in high school? Yes No

What courses do you find most difficult? _____

Which of the following academic supports, if any, have helped you in the past?

_____ Audio Books

_____ Oral exams

_____ Computer/Spell Checker

_____ Scribe for exams

_____ Extra time on exams

_____ Tutoring

_____ Note-takers

Other: _____

Which of the following areas are problematic for you?

_____ AD(H)D

_____ Organizational skills

_____ Difficulty reading

_____ Study skills

_____ Mathematics

_____ Test-taking strategies

_____ Note-taking

_____ Written language

Are you currently a client of Vocational Rehabilitation? Yes No

If yes, who is your Vocational Rehabilitation Counselor?

Name

Telephone Number

FAMILY INFORMATION

Father's/Guardian's Name _____

Permanent Home Address _____

Street

City

State

Zip Code

Home Phone (_____) _____ - _____ Cellular Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Work Phone (_____) _____ - _____ E-mail address _____

Mother's/Guardian's Name _____

Permanent Home Address _____

Street

City

State

Zip Code

Home Phone (_____) _____ - _____ Cellular Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Work Phone (_____) _____ - _____ E-mail address _____

Stepparent/Guardian's Name _____

Permanent Home Address _____

Street

City

State

Zip Code

Home Phone (_____) _____ - _____ Cellular Phone (_____) _____ - _____

Name of Employer _____ Job Title _____

Work Phone (_____) _____ - _____ E-mail address _____

If you do not live with both parents, with whom do you reside permanently?

Name

Relationship

ESSAY

On your own, please answer the following questions on a separate sheet of paper:

1. *Please describe yourself.*
2. *Please describe how your disability/disorder affects you.*
3. *Why do you want to attend college?*
4. *What were the deciding factors in choosing Murray State and our department?*
5. *What academic areas do you like best and why?*

**Please send all materials to: Student Disability Services
Murray State University
423 Wells
Murray KY 42071**