

PROJECT PASS Application

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

Date _____ M# _____
Month/Day/Year

Name _____
First Middle Last

Your Cell Number _____ - _____ - _____

Name of High School _____ GPA _____

Graduation Date _____ What courses do you find most difficult? _____

Did you receive any accommodations in high school? Yes No

If yes, what accommodations did you receive? _____

What is the nature of your disability? (Check all that apply and list diagnosis)

- Learning Disability - _____
- Attention Deficit/Hyperactivity Disorder
- Chronic Health Disorder - _____
- Hearing Impairment - _____
- Visual Impairment - _____
- Mobility Impairment - _____
- Psychological Impairment - _____
- Other - _____

Most Recent or Highest ACT Scores:

ENG _____ MAT _____ REA _____ SR _____ Composite _____

Did you receive accommodations for the ACT? Yes No

Semester Expected to Enter College _____ Proposed Major _____

College Information (Transfer Credit; AP Credit; Dual Credit, etc.)

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

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

Are you a current client of Vocational Rehabilitation? Yes No

If so, who is your Vocational Rehabilitation counselor?

Name

Contact Number

FAMILY INFORMATION-

Parent's/Guardian's Name _____ - _____
First Last Relationship

Permanent Home Address _____
Street

Home Phone (_____) _____ - _____ *City State Zip Code*
Cellular Phone (_____) _____ - _____

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

Parent's/Guardian's Name _____ - _____
First Last Relationship

Permanent Home Address _____
Street

Home Phone (_____) _____ - _____ *City State Zip Code*
Cellular Phone (_____) _____ - _____

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 as a student and/or in your daily life.*
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**